

NMUN•NY 2018



18 – 22 MARCH 2018

Documentation of the Work of the World Health Organization (WHO)



Conference A

World Health Organization (WHO)

Committee Staff

Director	Mihai Gheorghe Cioc
Chair	Markus Bianchi

Agenda

- I. Mitigating the Health Impacts of Pollution
- II. Improving Responses and Coordination in Addressing Mental Health
- III. Vaccination to Promote Global Public Health

Resolutions adopted by the Committee

Code	Topic	Vote
WHO/1/1	Mitigating the Health Impacts of Pollution	19 votes in favor, 0 votes against, 0 abstentions
WHO/1/2	Mitigating health impacts of air pollution	Adopted without a vote
WHO/1/3	Mitigating the Health Impacts of Pollution	Adopted without a vote
WHO/1/4	Mitigating the Health Impacts of Pollution	Adopted without a vote

Summary Report

The World Health Organization held its annual session to consider the following agenda items:

- I. Mitigating the Health Impacts of Pollution
- II. Improving Responses and Coordination in Addressing Mental Health
- III. Vaccination to Promote Global Public Health

The session was attended by representatives of 24 Member States.

On Sunday, the committee adopted the agenda of I, II, III, beginning discussion on the topic of “Mitigating the Health Impacts of Pollution.” By Tuesday, the Dais received a total of 8 proposals covering a wide range of sub-topics, including healthcare for pregnant women and children, diseases caused by air, soil, and water pollution, awareness campaigns about respiratory diseases, educational programs in rural communities aiming to prevent pollution, promotion of the Country Cooperation Strategy (CCS), and reducing the spread of Non-Communicable Diseases (NCDs) and Communicable Diseases (CDs). The atmosphere in the committee was one of collaboration, and by the end of the session on Tuesday evening, multiple working papers merged along complementary and similar themes, totalizing 4 proposals.

On Wednesday, 4 draft resolutions have been approved by the Dais, 3 of which had amendments. The committee adopted 4 resolutions following voting procedure, all of which received unanimous support by the body. The resolutions represented a wide range of solutions, including the promotion of screening services monitoring women’s pregnancy and children’s prenatal health, the prevention of health impacts caused by pollution through training and educational programs in rural areas, and the mitigation of diseases caused by air, soil, and water pollution. Collaboration, diplomacy, and critical thinking were integral to the tone of the group as they worked to find comprehensive and appropriate resolutions on the topic.



Code: WHO/1/1
Committee: World Health Organization
Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*
2
3 *Highlighting* the importance of the *Convention on the Elimination of all Forms of Discrimination Against Women*
4 (CEDAW) (1979) and the *Universal Declaration of Human Rights* (UDHR) (1948) in ensuring basic human rights
5 that aid with the quality of life for women and children,
6
7 *Recognizing* article 25(1) and article 25(2) of the UDHR, that safeguard the right to have a standard of living
8 adequate, including food, housing, clothing, and medical care, and entitle motherhood and childhood to special care
9 and assistance,
10
11 *Recalling* Article 12 of CEDAW, which proclaims that States parties shall ensure to women appropriate services in
12 connection with pregnancy, confinement, and the postnatal period, granting free services where necessary, as well as
13 adequate nutrition during pregnancy and lactation,
14
15 *Recalling* Sustainable Development Goal (SDG) 5, acknowledging the need to improve maternal health and fight
16 gender inequality, by providing deprived women and children their fundamental rights to the highest standard of
17 health and living,
18
19 *Guided by* the Every Newborn Action Plan, which reaffirms the goals of the *2016-2030 Global Strategy for*
20 *Women's, Children's, and Adolescents' Health for Every Woman Every Child*, regarding the importance of the
21 infant-maternal population's health and welfare, as they represent 55% of the world's population,
22
23 *Emphasizing* that 2.7 million newborn lives are lost annually, according to the Organisation for Economic
24 Co-operation and Development (OCED), due to lack of quality healthcare,
25
26 *Cognizant* of the work done by Water, Sanitation and Hygiene (WASH) and other programs, which are similar in
27 mission to improve the quality of life for women and children that are affected by unsafe drinking water, poor
28 sanitation, and poor hygiene practices that are linked to SDG 6,
29
30 *Drawing attention to* the United Nations' (UN) World Fertility Survey (WFS), which reveals that modern facilities
31 of water supply reduce fetal mortality rates partly due to the reduced chances of water contamination,
32
33 *Calling attention to* non-governmental organizations (NGOs) such as School Health Annual Program (SHARP), that
34 provides healthcare screening in efforts to improve women's and children's health in India,
35
36 *Recalling* work done by Health Canada through the Maternal-Infant Research on Environmental Chemicals
37 (MIREC) program, along with follow-up studies MIREC-ID, MIREC-CD3, and many others within Canada,
38 focusing on closing the gaps in data regarding the relationship between pregnant women and the environment,
39
40 *Bearing in mind* the World Health Organization (WHO) United States Agency for International Development
41 (WHO-USAID) *Consultation on the Health Impact of Household Energy in Developing Countries* report, that
42 analyzes the relationship between indoor air pollution caused by biomass fuels and acute respiratory infections that
43 mainly affect women cooking within these areas,
44
45 *Highlighting* the importance of WHO's program, Healthy Environments for Children Alliance, which aids various
46 states with the setting up of children's environmental health profiles and assignments, developing a plan that
47 promotes and educates Member States on environmental health issues affecting children's health,
48
49 *Recalling* the WHO report, *Don't Pollute my Future: the Impact of the Environment on Children's Health* that
50 analyzes the relationships between children's' health and environmental factors, such as air pollution, water

51 pollution, and improper sanitation, while recognizing that such factors can be detrimental in utero, along with the
52 importance of the maternal health of the mother postpartum, with special attention to breastfeeding,
53

- 54 1. *Requests* Member States to promote additional screening services at local healthcare facilities, with special
55 attention to women residing in areas with high levels of pollution defined by the standards of Air Quality Index
56 (AQI) and Water Quality Index (WQI), and aimed towards monitoring the effects of pollution on women's
57 health, screening:
 - 58 a. Women not pregnant and not expecting to be pregnant to identify the presence of undiagnosed chronic
59 pulmonary diseases, and basic blood work monitoring hormone levels and infiltrated toxins;
60
 - 61 b. Pregnant women will be additionally screened for diseases caused by pollution, as well as
62 communicable diseases that can be treated during pregnancy, accompanied with fetal screening for
63 birth defects;
64
- 65 2. *Further* encouraging Member States to collaborate with NGOs that provide screening services to monitor
66 service efficiency and reduce national governmental costs;
67
68
- 69 3. *Encourages* national health sectors to provide additional training to medical professionals in obstetrics and
70 gynecology, neonatal care, pediatrics, and other related professions to detect diseases and defects early in the
71 pregnancy term, caused by environmental factors;
72
- 73 4. *Emphasizes* education for women regarding environmental health factors for both maternal and child health, by
74 recommending Member States to incorporate educational pamphlets and initiatives into the existing health care
75 facility programs, to educate women on the impacts of pollution on their own and their newborn's health, as
76 well as potential issues in early childhood;
77
- 78 5. *Calls* upon Member States to improve national health care systems to tackle the connection between pollution
79 and health issues concerning newborns and children, ranging from developmental issues to communicable
80 diseases and nutrition, by:
 - 81 a. Raising awareness amongst medical staff on the link between air pollution and early emotional and
82 behavioral issues of children, varying from anxiety to autism;
83
 - 84 b. Neonatal, postnatal, and infants will be screened for diseases influenced by high levels of pollution,
85 with specific attention to communicable diseases and nutrition;
86
 - 87 c. Children will be screened for illness linked to pollution diseases influenced by pollution, with specific
88 attention to hormonal imbalances and communicable diseases;
89
- 90 6. *Encourages* Member States to increase the implementation of clean water programs to reduce health risks
91 related to cholera and diarrhea, especially for pregnant and breastfeeding women who need to consume and
92 retain greater quantities of nutrients, by:
 - 93 a. Collaborating with organizations like the UN Children's Fund (UNICEF), and Joint Monitoring
94 Program (JMP) for Water Supply, Sanitation and Hygiene, that aid with the development of a country
95 strategy approach that can be tailored to the Member State's needs;
96
 - 97 b. Suggesting to Member States to review annual reports that WHO, UNICEF, and the JMP produce, like
98 the Joint Monitoring Program 2017, that introduces and defines indicators for safe drinking water and
99 sanitation services.
100
101
102



Code: WHO/1/2

Committee: World Health Organization

Topic: Mitigating the Health Impacts of Pollution

1
2 *The World Health Organization,*
3
4 *Emphasizing* article 25 of the *Universal Declaration of Human Rights* (UDHR) (1948), which stresses the right to an
5 adequate standard of living for everyone, which does not include suffering from health impacts caused by higher
6 exposure to air pollution,
7
8 *Recalling* United Nations (UN) General Assembly resolution 70/1 of 2015 on “Transforming our World: the 2030
9 Agenda for Sustainable Development,” particularly Sustainable Development Goal (SDG) 3 on good health and
10 well-being, SDG 7 on affordable and clean energy, and SDG 7.1, that aims to ensure access to clean energy in
11 homes, as this largely contributes to mitigating health impacts of indoor air pollution,
12
13 *Underlining* that both short- and long-term exposure to air pollution have negative impacts on public and individual
14 health, such as pulmonary and cardiovascular, as well as respiratory diseases,
15
16 Approving World Health Assembly (WHA) resolution 69/18 of 2016 on “Health and the environment : Draft road
17 map for an enhanced global response to the adverse health effects of air pollution,” calling upon the World Health
18 Organization (WHO) to fight health impacts of air pollution exposures, and WHA resolution 68/5 of 2015 on the
19 “Framework of engagement with non-State actors,” advising individual households against using inefficient heating
20 methods, in order to minimize their exposure to hazardous pollution causing chronic diseases such as cardiovascular
21 and respiratory diseases, including Chronic Obstructive Pulmonary Disease (COPD),
22
23 *Recognizing* WHA resolution 68/18 of 2011 on the “Global Strategy and Plan of Action on Public Health,
24 Innovation and Intellectual Property,”
25
26 *Welcoming* the official agreement between the UN Environment Programme (UNEP) and WHO from 2018,
27 collaborating on mitigating environmental health risks, because as the WHO Burden of disease from ambient air
28 pollution for 2012 database shows, 4.3 million deaths in 2012 were caused by indoor air pollution and 3.7 million
29 deaths occurred due to ambient air pollution, and 47 million people are still exposed to pollutant levels considered
30 dangerous by WHO,
31
32 *Alarmed by* the prevalence of COPD eventually leading to lung cancer, and the lack of sufficient treatment with
33 current medical knowledge and skills,
34
35 *Profoundly concerned* about the lack of information available to the general public about already existing
36 alternative, healthy, and clean cooking and heating methods, which reduce the exposure to air pollutants, including
37 fine particulate matter, since that is a leading risk factor for Non-Communicable Diseases (NCDs), such as ischemic
38 heart disease, stroke, asthma, and cancer, as presented by the WHO Regional Office for the Western Pacific in
39 Manila, stated in the meeting report, *Member States’ Consultation on Addressing the Health Impact of Air Pollution*
40 of 2017,
41
42 *Recalling* the results of *WHO Guidelines for Indoor Air Quality* of 2010, published by a working group in Bonn, and
43 *alarmed by* the lack of a guideline expressing the need for a limit on the exposure level for environmental tobacco
44 smoke within the *WHO Guidelines for Indoor Air Quality*,
45
46 *Keeping in mind* the power of data and evidence in persuading governments of a change in policies, while still
47 acknowledging their sovereignty according to their healthcare systems,
48
49 *Calling attention to* the lack of research and intervention addressing the relation between the impact of air pollution
50 on mental health of adults and children,

51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105

Drawing attention to birth defects and immune system defects in newborns and even fetuses, specifically immunodeficiency, increasing the susceptibility to infections, coughs, colds, and allergies, caused by exposure to, and inhalation of polluted air,

1. *Intends to expand the WHO Household energy database to monitor the prevalence of diseases which are attributed to air pollution, such as, but not limited to pulmonary and cardiovascular diseases, by:*
 - a. Adding a sampling of measurements of fossil fuel emissions in established regions within the database, in order to add to the database and quantify the consequences of exposure to varying levels of pollutants;
 - b. Publishing annual reports providing evidence-based research for stronger correlation between exposure to indoor air pollution and the prevalence of pulmonary and cardiovascular diseases;
 - c. Administering lung function tests in urban areas with high levels of air pollutants to monitor population respiratory patterns over time, and to facilitate detection of common symptoms that suggest the presence of pulmonary and cardiovascular diseases;
 - d. Checking the state of air quality, where medical experts are located, to ensure proper treatment using the air quality monitoring system as addressed in WHO’s Air Quality Guidelines;
 - e. Collaborating with other existing databases, such as the Global Health Observatory Data Repository and the World Meteorological Organization (WMO), especially in regard to its project, The Global Atmosphere Watch (GAW), which monitors levels of air pollution, in order to complement our research system;
 - f. Promoting the use of air pollution health impact assessment tools, such as AirQ2.2, created by the WHO, with a geographical scope of any population with mortality and morbidity characteristics, including, for example, cardiovascular diseases, respiratory diseases, hospital admission, emergency room admissions, days of restricted activity, and work loss days;
2. *Stresses the need to promote awareness regarding the strong relationship between pulmonary and cardiovascular health and air quality, by:*
 - a. Encouraging local authorities to guide national communities to help households and businesses decrease health risk from wood stoves, such respiratory and cardiovascular diseases, by creating additional ventilation and air flow with windows and air vents;
 - b. Educating children in primary and secondary schools about the health issues related to polluted air, and create easily accessible pamphlets that can be distributed to children regarding alternate options for fuel, and ways to reduce impact of pollutants on lung health, where it has not yet been implemented;
 - c. Assisting individuals in understanding the side-effects of pollution on their physical and mental well-being;
3. *Encourages the international community to inform the general public on pathophysiology of pulmonary diseases such as COPD and lung cancer, related to high levels of air pollution, by:*
 - a. Encouraging the use of the National Toxins Assessment application, which provides users with health risk alerts in their current location, based on pollution levels;
 - b. Providing health risk alerts for local community leaders, governmental authorities, and regional news outlets to share with the public regarding levels of atmospheric gases dangerous to health;

- 106 c. Strengthening cooperation within the international community to address the health impacts of air
107 pollution, by facilitating the transfer of expertise, technologies, and scientific data in the field of air
108 pollution, through the creation of a website by the WHO, open to the voluntary participation of
109 Ministries of Health of Member States and their regional experts;
110
- 111 4. *Draws attention* to the power of global health movements and youth empowerment programs in partnership
112 with other UN agencies:
113
- 114 a. Working with the UN Development Programme (UNDP) and the UN Children's Fund (UNICEF) in
115 aiming to support, coordinate, and influence global efforts to establish a strategic matrix for
116 intervention methods and strategies, in part by training experts in expanding existing programs, such as
117 Healthy Environments for Children Alliance (HECA);
118
- 119 b. Recognizing the value of the WHO and UNEP campaign, Breathe Life, which aims to empower cities
120 and all citizens to protect health by bringing air pollution to safe levels;
121
- 122 c. Collaborating with UNEP to increase investment in youth empowerment programs, allowing young
123 people to take a stand for measures protecting their health internationally;
124
- 125 5. *Urges* Member States to demand that medical experts in urban areas establish public health interventions, by:
126
- 127 a. Considering environmental factors, specifically local air pollution levels, when diagnosing patient
128 illness, through the inclusion of environmental information from WHO's air pollution quality database
129 into the medical history questionnaire of patients;
130
- 131 b. Enabling health systems, along with health protection authorities, to take a lead role in raising
132 awareness in the public and among all stakeholders of the impacts of air pollution on health, and
133 opportunities to reduce or avoid exposure;
134
- 135 6. *Calls upon* Member States to establish national screening programs targeting respiratory diseases such as COPD
136 and lung cancer, which will focus on:
137
- 138 a. Using symptoms, such as sputum, coughing, and difficulty breathing (dyspnea), as indicators for
139 severe respiratory diseases, and executing medical examinations such as facultative thoracic x-ray, and
140 in the case of suspicion of COPD, a spirometry test, by WHO and trained national staff;
141
- 142 b. Assisting people suffering from pulmonary symptoms, in areas highly affected by air pollution,
143 specifically levels of Particulate Matter 10 and Particulate Matter 2.5, higher than the guidelines set by
144 the *WHO Air quality guidelines for particulate matter, ozone, nitrogen, dioxide and sulfur dioxide*;
145
- 146 7. *Emphasizes the need* to increase research and attention to the health risks of indoor air pollution in
147 communities, by:
148
- 149 a. Establishing the UN Forum on Reducing the Health Impacts of Indoor Air Pollution (FRHIIAP), by:
150
- 151 i. Gathering medical and technical experts from WHO and UNEP;
152 ii. Indexing already existing healthy and affordable cooking and heating appliances powered by
153 solid fuels, which limit the exposure to indoor air pollutants, resulting in health impacts;
154 iii. Recommending such cooking and heating appliances, which pose less harm to the user, to
155 Member States considering regional resources and infrastructure upon request;
156 iv. Being funded in equal shares of the budgets of WHO's program area on Health and the
157 Environment, "Promoting Health through the life-course," and UNEP;
158 v. Encouraging Member States to contribute voluntarily;
159
- 160 b. Establishing strategic medical outposts for immediate access to medical and health services for people
161 living in rural locations;

- 162
163
164
165
166
167
168
169
- c. Sending in WHO personnel to train local staff in communities to implement the safety guidelines previously explained;
 - d. Increasing attention to the health risks faced specifically by women constantly exposed to indoor air pollutants originating from wood stoves, as women in traditional societies spend significant quantities of time indoors performing common tasks such as cooking and cleaning;
- 170 8. *Urges* all Member States to establish a WHO-coordinated Thematic Working Group on Diseases Caused by
171 Smoking, like, but not limited to lung cancer, COPD, and heart disease, and to reduce premature mortality, by:
172
- 173 a. Seeking the agreement of all Member States that there is no safe exposure level for environmental
174 tobacco smoke, based on the *WHO Guidelines for Indoor Air Quality*, in order to mitigate the health
175 impact of tobacco smoke and to present these outputs to the WHO Global Conference on Health and
176 Air Pollution in Geneva, from 30 October to 1 November 2018;
 - 177 b. Calling on all Member States to establish smoke-free zones for public buildings and places of public
178 interest, if not existing already in those Member States;
 - 179 c. Further encouraging all Member States to keep informing citizens about risks to smokers themselves,
180 but also to non-smokers in their environment, especially pregnant women, children, and fetuses, by, for
181 example, promoting social media and advertising campaigns;
 - 182 d. Suggesting completing new, regular surveys to show trends and impacts of the aforementioned efforts,
183 to be conducted every five years;
- 184
185
186
187
- 188 9. *Urges* Member States to evaluate the negative impact of air pollution on mental health, especially as caused by
189 emission from motor vehicles, smoking, and fossil fuels, by:
190
- 191 a. Inviting Member States, especially with high prevalence of mental disorders, to increase scientific
192 research funding related to mental health caused by air pollution;
 - 193 b. Increasing citizen awareness through campaigns on mental health in urban areas and educate them in
194 order to mitigate the harmful effects of high levels of pollution in the air;
 - 195 c. Providing assistance and increasing awareness to pregnant women about the increased risk of autism,
196 spectrum disorder, and schizophrenia, as a possible result of exposure to particulate matter air pollution
197 on the early development of children;
- 198
199
200
- 201 10. *Intends* to strengthen the immune system of newborn and unborn children, and mitigating resulting severe long-
202 term health impacts of air pollution, by:
203
- 204 a. Encouraging gynecologists and midwives, especially in areas with air pollution exceeding WHO
205 limits, to incorporate the promotion and use of air purifiers and air cans in the course of their
206 pregnancy and birth assistance;
 - 207 b. Providing scientifically based recommendations of the highest-quality air purifiers and air cans, backed
208 by tests conducted by WHO experts;
 - 209 c. Establishing Public-Private Partnerships (PPPs) through corporate social responsibility programs, in
210 order to facilitate the distribution of air purifiers and air cans for pregnant women in areas affected
211 with high levels of air pollution.
212
213



Code: WHO/1/3
Committee: World Health Organization
Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*
2
3 *Taking into consideration* the impacts that Sustainable Development Goal (SDG) 3 and SDG 6 can have on the
4 reduction of water and foodborne diseases, which aim to reduce soil pollution and to ensure access to water and
5 sanitation for all,
6
7 *Acknowledging* General Assembly resolution 64/292 of 2010 on “The human right to water and sanitation,” which
8 recognizes the human right to water and sanitation and acknowledges that clean drinking water and sanitation are
9 essential for basic human rights that are crucial to preventing water-borne illnesses,
10
11 *Guided by* article 2-b of the *Constitution of the World Health Organization* (1946), that establishes a collaboration
12 between the United Nations (UN), non-governmental organizations (NGOs), privatized groups that do not fall
13 within intergovernmental organizations (IGOs) or NGOs, and national government programs that specialize in
14 health, as well as the importance of collaboration between Member States to improve the quality of health by
15 improving nutrition, housing, sanitation, recreation, economic or working conditions, and other aspects of
16 environmental hygiene,
17
18 *Deeply appreciating* international health conferences that share and exchange knowledge regarding diseases and
19 treatments, such as the Global Conference on Health and Climate organized by the World Health Organization
20 (WHO),
21
22 *Believing* in WHO’s drinking-water quality for water safety as one of the most effective instruments in promoting
23 health through the prevention of transmission of waterborne diseases,
24
25 *Keeping in mind* the amount of water-borne diseases, including, but not limited to: diarrhea, typhoid fever, dengue,
26 yellow fever, and cholera, caused by the lack of proper waste management, collection, infestation, and sanitation in
27 water, that are strongly prevalent in Member States with developing healthcare systems,
28
29 *Reaffirming* the tripartite collaboration composed of WHO, the Food and Agriculture Organization of the UN
30 (FAO), and the World Organization for Animal Health (OIE), and aiming to detect and prevent illnesses that stem
31 from pathogens existing in polluted environments such as soil,
32
33 *Bearing in mind* the long-term health effects of soil pollution exposure, such as, but not limited to the development
34 of cancer, liver disease, kidney disease, brain damage, and nerve damage,
35
36 *Understanding* that the constant exposure to soil pollution increases the risks of cancer, liver infections, kidney
37 disease, brain and nerve damage,
38
39 *Promoting* the Health Care Waste Management (HCWM) system as a process to help ensure proper hospital hygiene
40 and safety of healthcare workers and communities, to stop diseases from spreading to the outside communities,
41
42 *Acknowledging* the Regional Centre for Environmental Health Action (CEHA) of the Eastern Mediterranean region,
43 for providing technical support to reduce the toll of morbidity and premature mortality caused by modifiable
44 environmental risk factors,
45
46 *Referring* to Turkey’s Soil Pollution Control Regulation and its work towards reducing soil pollution and treating
47 the diseases that soil pollution brings,
48

49 *Highlighting* the example of Keep India Beautiful, that works within Delhi by improving the health of the people by
50 managing environment solid waste through sustainable development, and reducing the ability for waterborne
51 diseases to spread through the city and nation,
52

53 *Expressing* its appreciation for Japan's Kiko Forum, established in 1996, serving as a platform for citizens and local
54 governments to address their concerns, ideas, and plans to the national government on the subject of climate change,
55

56 *Noting* the French 1992 Water Act that confirmed water's protection and development as a usable resource is in the
57 public health interest, while further developing and establishing quantitative protection,
58

- 59 1. *Further reminds* Member States to follow HCWM guidelines within local healthcare facilities to mitigate the
60 effects of water pollution on human health, and further prevent the spread of waterborne diseases;
61
- 62 2. *Calls upon* hospitals and healthcare centers in areas with high levels of pollution to educate local communities
63 on practicing proper waste management to reduce the spread of waterborne diseases, such as cholera and
64 Guinea Worm Disease (GWD), within healthcare settings;
65
- 66 3. *Urges* the international community to implement proposals put forth by the WHO-FAO-OIE tripartite, such as
67 the creation of domestic programs that prevent the spread of foodborne illnesses from polluted soil by raising
68 awareness about existing testing facilities that assess soil health is adequate for the growth of food in
69 agriculture, to lower the risk of the spread of foodborne illnesses;
70
- 71 4. *Recommends* Member States to enact national domestic programs that reduce the negative health impacts
72 caused by soil pollution, by monitoring the rates of foodborne illnesses through quarterly visits by doctors and
73 nurses specializing in foodborne illness prevention, that perform blood tests to measure the rate of
74 contamination;
75
- 76 5. *Encourages* Member States to implement medical technological advancements that work with molecular
77 biology, to treat and increase accessibility of treatments for diseases contracted from pollution, including, but
78 not limited to malaria, cancers, cholera, dysentery, diarrhea, typhoid, giardiasis, amoebiasis, ascariasis, and
79 hookworm, by researching technological advances in combating water and soil pollution that instigate those
80 diseases, aimed at developing areas like the African, Latin American, and South Asian regions;
81
- 82 6. *Emphasizes* that skin and liver cancers, leukemia, and pulmonary diseases, caused by exposure to benzenes and
83 polychlorinated biphenyls (PCBs), can be addressed and reduced by organizing educational systems to
84 discourage the use of petrol for industrial and domestic cleaning, as recognized by the WHO report *Preventing*
85 *Diseases Through Healthy Environments*;
86
- 87 7. *Suggests* the establishment of Regional Centers for Environmental Health Action overseen by each WHO
88 regional office for Africa, the Americas, South-East Asia, Europe, and the Western Pacific, by:
89
 - 90 a. *Installing* a Board of Experts formed by health and environmental experts of the Member States of the
91 specific region, who will provide technical guidance, programmatic support, and advisory
92 consultations to tackle the health impacts of water and sanitation, waste management, and
93 environmental health emergency management;
94
 - 95 b. *The addition of an Environmental Health Panel* within the Fourth Global Conference on Health and
96 Climate, organized and funded by WHO in the 2020 budget, with the organizational assistance of the
97 centers, where:
 - 98 i. *A representative of the Board of Experts of each Regional Centre* will assist, share and
99 exchange information of each regional centre;
100
 - 101 ii. *Assess and review ongoing processes in Member States' health sectors* as part of the regional
102 centers to ensure efficiency;
103

- 104 8. *Calls for* existing healthcare facilities in Member States with developed healthcare systems defined by WHO in
105 South-East Asia, Universal Health Coverage (UHC) policies to aid in specific training tailored towards the
106 treatment and the prevention of spread of waterborne diseases, conducted by hospitals and local healthcare
107 centers, by:
- 108
- 109 a. Administering vaccinations, such as the cholera vaccination, by healthcare professionals to local
110 communities with high-pollution rates in prevention of waterborne diseases;
- 111
- 112 b. Properly administrating antibiotics aligned with WHO’s Global Task Force for Antimicrobial
113 Resistance, to minimize the risk of superbugs contributing to waterborne diseases in local
114 communities, provided by healthcare professionals and facilities;
- 115
- 116 c. Encouraging control of the use of chemical waste that contributes to waterborne diseases, and the
117 proper disposal of chemical waste that could reach the local water supplies;
- 118
- 119 9. *Establishes* the creation of the Water and Waste (WW) Initiative, aimed towards properly combating
120 waterborne diseases caused by water pollution and improper sanitation, through educational awareness
121 programs targeting local communities with high levels of pollution, on improving sanitation to reduce the
122 impact of waterborne diseases, by:
- 123
- 124 a. Providing awareness campaigns to local hospitals and healthcare facilities on the importance of
125 limiting the spread of waterborne diseases through proper sanitation methods, established by Water
126 Supply, Sanitation, and Hygiene (WASH);
- 127
- 128 b. Administering training to existing healthcare facilities in Member States asking for aid in areas with
129 high levels of pollution, according to WHO’s *Guidelines for drinking-water quality*, Chapter 10 and
130 12, towards treatment and prevention of waterborne diseases;
- 131
- 132 10. *Advices* Member State to work with civil society organizations (CSOs) to provide information to the general
133 public about health impacts of pollution, by:
- 134
- 135 a. Addressing health issues associated to the exposure of water and soil pollution through pre-established
136 programs of the WHO and UN Children’s Fund (UNICEF) joint group, “Water and Sanitation for
137 Health Facility Improvement Tool” (WASH FIT), by:
- 138
- 139 i. Explaining the transmitting method of diseases through unclean water, through the reports of
140 the UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS);
- 141 ii. Promoting awareness on how consuming certain pollutants within food may cause the
142 contraction of diseases, including, but not limited to: cancer, liver disease, kidney disease,
143 brain and nerve damage, and;
- 144 iii. Educating on WASH services as means of avoiding infection, and a form of self-
145 empowerment for the public;
- 146
- 147 b. Using Japan’s Kiko Forum as a template to acquire people’s suggestion and recommendations, it could
148 be integrated into WHO’s mandate to tackle the personal health issues that citizens are facing due to
149 healthcare sector gaps by the adjustment of the forum topic;
- 150
- 151 c. Focusing each informational session to the targeted regional issue defined by each Member States’
152 main water and soil pollution resolution goals, with the information and main concerns coming from
153 the Board of Experts established within the Regional Centers for Environmental Health Action;
- 154
- 155 11. *Strongly recommends* Member States to follow WHO’s *Guidelines for drinking-water quality*, which promote
156 the protection of public health with the purpose of being informed on the increasing or decreasing of the water
157 impacts of health, by:
- 158

159
160
161
162
163
164
165

- a. Being overseen by a joint program partner to WHO, the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD), who deals with disease and mortality as a result from the lack of safe water, as this program is already in effect;
- b. Using the 1992 French Water Act, which is a further boost to its policy, giving protection and development for water as a usable source, as an example of water quality guidelines in the development and quantitative protection of water resources to ensure public health.



Code: WHO/1/4

Committee: World Health Organization

Topic: Mitigating the Health Impacts of Pollution

1 *The World Health Organization,*

2
3 *Guided by the Constitution of the World Health Organization (1946), which states that “the objective of the World*
4 *Health Organization shall be the attainment by all people of the highest possible level of health,”*

5
6 *Aware of the drastic consequences of pollution on human health, such as cancer, tuberculosis or bronchitis, and*
7 *considering that one out of nine deaths can be attributed to air pollution, which therefore represents the greatest*
8 *environmental risk to human health,*

9
10 *Reaffirming the strategic agenda disclosed in the Country Cooperation Strategy (CCS) for the World Health*
11 *Organization (WHO) participating Member States, as well as wishing for all Member States to have a working CCS*
12 *for WHO,*

13
14 *Wishing to continue and further calling upon Member States to make use of available cost-sharing mechanisms by*
15 *supporting work in partnership and cooperation with Member States and non-governmental organizations (NGOs),*
16 *providing monetary support for strategies within the CCS for WHO of participating Member States,*

17
18 *Taking into consideration World Health Assembly (WHA) resolution 69/18 of 2016 on “Health and the*
19 *environment: Draft road map for an enhanced global response to the adverse health effects of air pollution,” that has*
20 *three main objectives: evidence-based health brought by awareness campaigns, health competency brought by*
21 *significant actors such as developed nations, and health communication encouraged by means of advocacy,*

- 22
23 1. *Approves* WHA resolution 68/8 of 2015 on the “Outcome of the Second International Conference on Nutrition,”
24 WHA resolution 69/18 of 2016 on “Health and the environment : Draft road map for an enhanced global
25 response to the adverse health effects of air pollution,” as well as General Assembly resolution 44/228 of 1989
26 on “United Nations Conference on Environment and Development,” addressing Member States to further
27 improve previous efforts and take effective measures for environmental protection, by ensuring the future of the
28 Draft Road Map and strengthening collaborative actions on a global scale in order to reach global public health;
29
30 2. *Calls upon* all Member States involved in a current working CCS to expand, revise, and update the CCS for
31 WHO, and invites all Member States without a CCS for WHO to develop and implement a working CCS for
32 WHO, directed to combat the effects of all forms of pollution: air pollution, soil pollution, water pollution,
33 *further invites* Member States that have already implemented a working CCS to provide a template and guide
34 to those who have an interest in adopting it;
35
36 3. *Encourages* an increased amount of monetary resources towards the strategic priority of the CCS for WHO,
37 through the revision of the cost-sharing mechanisms between Member States, allowing for the maximum
38 amount of funding for the implementation of policies available for the optimal health of all peoples;
39
40 4. *Invites* Member States to participate in the CCS with regards to the following strategic priorities and actions,
41 such as:
42
43 a. Reproductive health of women and fetal development, by: advocating for the awareness of the effects
44 of increased water toxicity levels on reproductive health, which affects the future generations of
45 Member States;

46

- 47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
- b. Health system, by: working in partnership with governmental and non-governmental organizations willing to provide internal and external financial resources as well as medical equipment and medicines for the advancement of healthcare systems of Member States, especially low-income countries;
 - c. Communicable Diseases (CDs), by: sharing and allowing everyone to have access to most recent and relevant data and resources regarding communicable diseases such as typhoid, intestinal parasites, campylobacteriosis, cryptosporidiosis, giardiasis, rheumatic fever, encephalitis, cholera, Hepatitis A, and Hepatitis B, which continue to increase in prevalence due to unsafe drinking water and shortage of water supply;
 - d. Non-Communicable Diseases (NCDs) and conditions, by: sharing and allowing everyone to have access to most recent and relevant data and resources regarding NCDs that are prevalent as a result of increase pollution (including air, soil, and water pollution) within the region of each Member State;
 - e. Social determinants of health, by means of: stressing its readiness in eradicating the disproportion of the prevalence of communicable diseases, in rural areas versus urban areas, across nations and explicitly in developing nations;
 - f. Cooperation and partnership and communication: Member States are advised to continue and to start working in partnership with the Health and Nutrition Sector Outcome Team (HNSOT) and their active partners, to aid and support the strategies on treatment and management of illnesses by providing funds, recruitment protection of the healthcare system of Member States in need;
 - g. Human resources for health, by: recognizing the rising issue resulting from population growth and lack of proportional amount of resources for the nation, and willing to combat the issue by establishing locations equipped with resources that may be currently lacking;
 - h. Health information systems, by means of: updating health information systems to keep nations and other participating nation-states aware of most recent health protocols and procedures;
 - i. Environment and food safety, by: the aid of implementing stricter Member State-specific rules and regulations regarding toxic waste handling;
 - j. Health promotion, by: the emphasis of the implementation of WHO Collaboration Centers for Health Promotion, with the aim of making full use of their expertise and strengthening collaboration with all key partners at local, regional, and international levels, as highlighted within the *Bangkok Charter for Health Promotion in a Globalized World* of 2005;
4. *Encourages* Member States to implement the Global Responsibility of Efficient Emission Neutralization Border Plan (GREEN Border Plan) by the year 2023, to reduce the spread of NCDs, such as cardiovascular and respiratory illnesses, by:
- a. Creating the Board of Experts composed of researchers from different fields of medicine and sustainability, focusing on populations most vulnerable to pollution due to the use of technology, expertise, and resources, and based on that, expand the global knowledge base and strengthen institutional capacities;
 - b. Creating an annual Conference to ensure dialogue between all international, regional, and national stakeholders, specifically about health impacts of pollution, taking place within the already existing framework of the World Health Summit, in order to reduce administrative expenses;

99
100
101

- c. Creating the GREEN Fund where organizations, private donors, and the private sector have the possibility of contributing money to the projects, such as global databases, communication strategies to raise awareness, as well as the provision with training materials.