



NMUN · DC



WORLD HEALTH ORGANIZATION BACKGROUND GUIDE 2012

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Message from the Secretary-General Regarding Position Papers for the 2012 NMUN-DC Conference

At the 2012 NMUN-DC Conference, each delegation submits one position paper for each committee assignment. Delegates should be aware that their role in each committee impacts the way a position paper should be written. While most delegates will serve as representatives of Member States, some may also serve as observers or NGOs. To understand these fine differences, please refer to the Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as position papers of countries. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. NMUN/NCCA will not tolerate the occurrence of plagiarism. In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incidents of plagiarism to the Secretariat.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, delegations must have met the formal requirements listed below. Please refer to the sample position paper below this message for a visual example of what your work should look like at its completion. All papers must be typed and formatted in the same manner as this example. The following format specifications are required for all papers:

- Length must not exceed two single-sided pages
- Margins must be set at 1 inch for the whole paper
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Country/NGO name, school name, and committee name must be clearly labeled on the first page
- Agenda topics must be clearly labeled in separate sections
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers

To be considered for awards, position papers need to be submitted by e-mail in .pdf or .doc formats by 1 October 2012. As proof of submission, include yourself as an e-mail recipient. Please use the committee name, your assignment, and delegation/school name in both the e-mail subject line and in the filename (example: GA1st_Cuba_Mars College).

1. Send one complete set of all position papers for each of your country/NGO assignments to the Secretary-General at secgen.dc@nmun.org.
2. Send a copy of your position paper for each assigned committee to the corresponding committee e-mail address listed below. Please note, the e-mail addresses will be active on 4 September 2012.

Committee	E-mail Address (after 4 Sept.)
General Assembly First Committee (GA1st)	ga1st.dc@nmun.org
Security Council (SC)	sc.dc@nmun.org
Economic and Social Council (ECOSOC)	ecosoc.dc@nmun.org
Human Rights Council (HRC)	hrc.dc@nmun.org
International Atomic Energy Agency (IAEA)	iaea.dc@nmun.org
World Health Organization (WHO)	who.dc@nmun.org

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of official policy aims within the committee's mandate

Should you have any questions please feel free to contact the Conference staff.

Sincerely,

Michael Aguilar
Secretary-General
NMUN-DC

Sample Position Paper

The following position paper is designed to be a sample of the standard format that an NMUN position paper should follow. Papers may be no longer than two single-sided pages. Only the first two pages of any submissions will be considered for awards.

Delegation from
Canada

Represented by
University of Jupiter

Position Paper for General Assembly Plenary

The topics before the General Assembly Plenary are: Breaking the Link between Diamonds and Armed Conflict; the Promotion of Alternative Sources of Energy; and the Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. Canada is dedicated to collaborative multilateral approaches to ensuring protection and promotion of human security and advancement of sustainable development.

I. Breaking the Link between Diamonds and Armed Conflict

Canada endorses the Kimberly Process in promoting accountability, transparency, and effective governmental regulation of trade in rough diamonds. We believe the Kimberly Process Certification Scheme (KPCS) is an essential international regulatory mechanism and encourage all Member States to contribute to market accountability by seeking membership, participation, and compliance with its mandate. Canada urges Member States to follow the recommendations of the 2007 Kimberley Process Communiqué to strengthen government oversight of rough diamond trading and manufacturing by developing domestic legal frameworks similar to the Extractive Industries Transparency Initiative. We call upon participating States to act in accordance with the KPCS's comprehensive and credible systems of peer review to monitor the continued implementation of the Kimberley Process and ensure full transparency and self-examination of domestic diamond industries. We draw attention to our domestic programs for diamond regulation including Implementing the Export and Import of Rough Diamonds Act and urge Member States to consider these programs in developing the type of domestic regulatory frameworks called for in A/RES/55/56. Canada recognizes the crucial role of non-governmental organizations (NGOs) in the review of rough diamond control measures developed through the Kimberly Process and encourages States to include NGOs, such as Global Witness and Partnership Africa Canada, in the review processes called for in A/RES/58/290. We urge Member States to act in accordance with A/RES/60/182 to optimize the beneficial development impact of artisanal and alluvial diamond miners by establishing a coordinating mechanism for financial and technical assistance through the Working Group of the Kimberly Process of Artisanal Alluvial Producers. Canada calls upon States and NGOs to provide basic educational material regarding diamond valuation and market prices for artisanal diggers, as recommended by the Diamond Development Initiative. Canada will continue to adhere to the 2007 Brussels Declaration on Internal Controls of Participants and is dedicated to ensuring accountability, transparency, and effective regulation of the rough diamond trade through the utilization of voluntary peer review systems and the promotion of increased measures of internal control within all diamond producing States.

II. The Promotion of Alternative Sources of Energy

Canada is dedicated to integrating alternative energy sources into climate change frameworks by diversifying the energy market while improving competitiveness in a sustainable economy, as exemplified through our Turning Corners Report and Project Green climate strategies. We view the international commitment to the promotion of alternative sources of energy called for in the Kyoto Protocol and the United Nations Framework Convention on Climate Control (UNFCCC) as a catalyst to sustainable development and emission reduction. Canada fulfills its obligations to Article 4 of the UNFCCC by continuing to provide development assistance through the Climate Change Development Fund and calls upon Member States to commit substantial financial and technical investment toward the transfer of sustainable energy technologies and clean energy mechanisms to developing States. We emphasize the need for Member States to follow the recommendations of the 2005 Beijing International Renewable Energy Conference to strengthen domestic policy frameworks to promote clean energy technologies. Canada views dissemination of technology information called for in the 2007 Group of Eight Growth and Responsibility in the World Economy Declaration as a vital step in energy diversification from conventional energy generation. We call

upon Member States to integrate clean electricity from renewable sources into their domestic energy sector by employing investment campaigns similar to our \$1.48 billion initiative ecoENERGY for Renewable Power. Canada encourages States to develop domestic policies of energy efficiency, utilizing regulatory and financing frameworks to accelerate the deployment of clean low-emitting technologies. We call upon Member States to provide knowledge-based advisory services for expanding access to energy in order to fulfill their commitments to Goal 1 of the Millennium Development Goals (MDGs). Canada urges States to address the concerns of the 2007 Human Development Report by promoting tax incentives, similar to the Capital Cost Allowances and Canadian Renewable and Conservation Expenses, to encourage private sector development of energy conservation and renewable energy projects. As a member of the Renewable Energy and Energy Efficiency Partnership, Canada is committed to accelerating the development of renewable energy projects, information sharing mechanisms, and energy efficient systems through the voluntary carbon offset system. We are dedicated to leading international efforts toward the development and sharing of best practices on clean energy technologies and highlight our release of the Renewable Energy Technologies Screen software for public and private stakeholders developing projects in energy efficiency, cogeneration, and renewable energy. Canada believes the integration of clean energy into State specific strategies called for in A/62/419/Add.9 will strengthen energy diversification, promote the use of cogeneration, and achieve a synergy between promoting alternative energy while allowing for competitiveness in a sustainable economy.

III. Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Canada views the full implementation of the treatment and prevention targets of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Especially in Africa, as essential to eradicating malaria and assisting African States to achieve Target 8 of Goal 6 of the MDGs by 2015. We recommend Member States cooperate with the World Health Organization to ensure transparency in the collection of statistical information for Indicators 21 and 22 of the MDGs. Canada reaffirms the targets of the Abuja Declaration Plan of Action stressing regional cooperation in the implementation, monitoring, and management of malaria prevention and treatment initiatives in Africa. To fully implement A/RES/61/228, Canada believes developed States must balance trade and intellectual property obligations with the humanitarian objective of the Doha Declaration on the TRIPS Agreement and Public Health. We continue to implement Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health into our compulsory licensing framework through the Jean Chrétien Pledge to Africa Act. We urge Member States to support compulsory licensing for essential generic medicines by including anti-malarial vaccines and initiating domestic provisions to permit export-only compulsory licenses to domestic pharmaceutical manufacturers, similar to Canada's Access to Medicines Regime. Canada calls upon Member States to establish advanced market commitments on the distribution of pneumococcal vaccines to developing States in cooperation with PATH and the Malaria Vaccine Initiative. We emphasize the need for greater membership in the Roll Back Malaria initiative to strengthen malaria control planning, funding, implementation, and evaluation by promoting increased investment in healthcare systems and greater incorporation of malaria control into all relevant multi-sector activities. Canada continues to implement the Canadian International Development Agency's (CIDA) New Agenda for Action on Health to reduce malaria infection rates among marginalized populations in Africa, increase routine immunizations rates, and reduce infection rates of other neglected infections. Canada will achieve the goal of doubling aid to Africa by 2008-2009 by providing assistance to the Global Fund to Fight Aids, Tuberculosis, and Malaria. We urge Member States to increase donations to intergovernmental organizations and NGOs that support malaria programming in Africa, exemplified by CIDA's contribution of \$26 million to the Canadian Red Cross. We continue our efforts to provide accessible and affordable vector control methods to African States through the Red Cross' Malaria Bed Net Campaign and the African Medical Research Foundation Canada by supplying insecticide-treated mosquito nets and Participatory Malaria Prevention and Treatment tool kits.

Official Welcome

On behalf of the 2012 National Model United Nations Washington D.C. (NMUN-DC) Conference team we would like to welcome you to the NMUN-DC Conference. This year's World Health Organization (WHO) committee staff are Sonia Patel as Director and Jacqueline Patchen as Assistant Director. Sonia Patel has both a Juris Doctor from the Charlotte School of Law and a BA in Political Science from Furman University. She is currently studying for the New York State Bar Exam, and is hoping to pursue a career in international human rights law. Jacqueline Patchen graduated from Manhattan College with a degree in International Studies with a concentration in Middle Eastern Studies. Jacqueline currently works as a freelance corporate event producer and also as a location scout for documentary and independent films.

The World Health Organization is known for its influential role as a convener of actors around health issues as we are sure delegates will discover through their research on the topics before this committee. It is our hope that by focusing on key issues such as reforming the WHO, health promotion and conflict zones, and disease eradication efforts, delegates will gain a greater understanding for the complex issues facing the international community and its efforts to improve health for all. In order to begin to understand these issues, this background guide is intended only as an initial resource, and we encourage you to use it as a starting point to delve more into your Member State's policies by consulting the annotated resources.

NMUN can be an incredibly rewarding experience, and we hope that you enjoy it as a delegate as much as we both have in the past. Good luck in your preparation for the conference. We look forward to seeing you in October!

History of the World Health Organization (WHO)

The World Health Organization (WHO) was established on April 7, 1948, and is currently composed of 194 Member States and two associate members. The role of the organization, according to its Constitution, is to promote "the attainment by all peoples of the highest possible level of health," through creating policies focused on the Millennium Development Goals (MDGs). Health promotion, vaccination, HIV/AIDS awareness, community development, family planning education, and contraceptive use are the primary focus of programs.

The WHO's objectives are laid out in the Six-Point Agenda, which represents the most pressing issues of the WHO, as decided by the World Health Assembly (WHA), the executive component of the WHO. As stated in the WHA's official mandate, this decision making body's main objectives are: to create policies of the organization, set the agenda, vote and democratically choose the Director-General, review and approve potential program budgeting and oversee financial policies. As determined by the WHA, according to the WHO's Web site, the WHO's current focus is centered on: 1) promoting development; 2) fostering health security; 3) strengthening health systems; 4) harnessing research, information and evidence; 5) enhancing partnerships; and 6) improving performance. A large focus of the WHO's efforts is also encouraging developing Member States to use WHO services. The WHO does this by creating incentives and supporting partnerships between non-governmental organizations (NGOs), governments, and civil society. In particular, the WHO's work with developing countries centers on focusing aid on the WHO Strategic Agenda. This focuses on 1) health security, 2) health system capacities and performance, and 3) partnerships, gender, and equality. Programs on issues like these are particularly important for development Member States because of challenges to health like the unavailability of comprehensive health systems, financing and logistical support, administration and management of healthcare delivery, and a resurgence of HIV/AIDS and other communicable diseases. The challenges faced by the WHO and their partners are addressed yearly during the WHA meetings.

At the 65th WHA, held in Geneva, Switzerland, in May 2012, the objectives were to promote initiatives on the most pressing issues before the WHO. Topics included: early marriages and young pregnancies, humanitarian emergencies, international health regulations, mass gatherings, the MDGs, non-communicable diseases, and further investment in research and development. As such, the WHO's current focus until the next WHA is on continuing progress of the MDGs, women's health, health in Africa, and regions affected by conflict. Work in these areas will be crucial in creating comprehensive programs between the WHO and partner NGOs. Only with such efforts can the WHO work to address its goals and help promote overall health.

I. Strengthening the Role of WHO

- What is the best way for the World Health Organization to work with other global health actors to strengthen already existing programs within the World Health Organization and to help strengthen the programs of other health actors?
- Taking the recommendations made by the Sixth Report of the Programme, Budget and Administration Committee of the Executive Board (A65/43) into consideration, in what ways can the World Health Assembly put these recommendations into action?
- How can the World Health Organization regional offices work towards helping to further aid each other in research and development to institute solutions to global health problems?

Throughout the World Health Organization's (WHO's) last 64 years, the organization has not gone through many significant changes. However, in order for the organization to be more effective, the World Health Assembly (WHA), the governing body of the WHO, and the WHO at large have recently decided that strengthening the WHO's role throughout the globe is of vital importance to help combat global health problems. Historically, the Executive Board has written executive decisions that the WHA has used to help analyze and make decisions that the WHA believes would be beneficial to the WHO. During the 65th meeting in 2012 of the WHA, the WHA discussed how it could strengthen the role of the WHO around the globe. Prior to this meeting, the WHO Executive Board decided in Executive Board Decision EB130(6) to:

Take as a basis for priority setting: country needs, the relevance of WHO for all countries, its specific comparative advantage and its leading role in global health; to elaborate methodology, criteria and the timeline for the priority-setting process; to consider possible ways of grouping WHO's work into categories including but not limited to the seven categories contained in document EB130/5 Add.1, as proposed for the framework for the next general programme of work; to identify additional analytical work for the Secretariat emerging from these discussions, which will contribute to the development of the next and future general programmes of work.

On May 21, 2012, the Sixth Report of the Programme, Budget and Administration Committee of the Executive Board to the 65th WHA regarding WHO Reform was published as A65/43. The WHA took the Executive Board's suggestions from EB130(6) into account when developing A65/43. Therefore, it is likely, that the WHO will move forward with the recommendations developed during the 65th Meeting of the WHA because they are still based on the original recommendations by the Executive Board, but include adjustments by the WHA itself. Passing the recommendations as A65/43 and not just from the Executive Board will likely occur because A65/43 can be seen as a greater collaboration between the WHA and Executive Board, and the new recommendations, with additions by the WHA, also contain new ideas.

One of the issues that impacted Executive Board Decision 130(6) and A65/43, decisions that continue to be debated, is in regards to how WHO should interact with other global health actors already in existence. With organizations like Médecins Sans Frontières, the International Committee of the Red Cross and Red Crescent, Rotary International, and the Bill and Melinda Gates Foundation, the WHO has had the ability to work with other global health actors to work towards the eradication of polio and other global health problems. The interaction between these groups helps pool research and methodology from different sources to help develop comprehensive solutions to tackle some of the worst global health problems; this frees up resources and allows the WHO the opportunity to strengthen and get involved with other programs throughout the globe. However, continuing to improve these relationships is always of importance and will be impacted by continuing WHO reform, as strengthening the relationship between these organizations will help strengthen the WHO's global role.

The WHO has also set up regional offices to discuss and combat specific regional health problems that impact different areas of the world. For example, the poliovirus situation that the South-East Regional office is currently addressing is not considered as vital of an issue for the Regional Office of the Americas. This thus allows the regional offices to combat issues that specifically impact their regions. According to the WHO Regional Office for Africa, for example, Ghana was able to introduce "pneumococcal and rotavirus vaccines in its national immunization programme in a bid to fight pneumonia and diarrheal diseases." If this program does what it is supposed to do, then the regional offices will likely work towards using the success in Ghana as the model for developing similar programs in other Member States throughout the region.

Based on the current issues of reforming the WHO's priorities and specifically strengthening its role through partnerships and regional offices, using past methods and ideologies will be helpful for delegates to see what has worked and what has been ineffective in conquering global health problems. The changes that the WHO makes will be important because it will show how the WHO combats global health problems and how adaptable the organization can be. The WHO is currently the leading organization dealing with all global health problems, and visualizing how they want to change is important because of the organization's significance in the international community. Organizationally, delegates can see how WHO is hoping to change. However, it is vital for delegates to see how these changes will impact the people that the WHO serves and how these changes will strengthen the role that the WHO plays in individuals' lives as well.

II. Health Promotion of Urban Youth in Conflict Zones

- What measures can the World Health Organization establish to mitigate the impact of conflict on urban youth and enhance their resilience during conflict?
- How can Member States and the World Health Organization monitor the health of urban youth during conflict? What opportunities are available for young women to play a prominent role in improving health systems for the youth population?
- What steps can the World Health Organization take to create supportive environments in conflict zones that will facilitate community participation for long-term social development?

Urban youth are a special cohort within the overall population due to their specific health needs and environment. Basic necessities vital to youth well-being such as vaccinations, nutrition, health education, clean water, HIV/AIDS treatment, trauma counseling, and security are desperately needed in conflict zones. This is clearly demonstrated in both current and past conflict zones such as Kenya, Sierra Leone, Bosnia Herzegovina, Sri Lanka, Afghanistan, Iraq, Somalia, and Syria. As these situations also demonstrate, dealing with the health situation of urban youth in conflict zones is a delicate and difficult process. On the one hand, without basic health necessities and a focus on health promotion, disarmament, peace, and development initiatives cannot be sustained. Yet, conflict zones that lack stability and access make it difficult to deliver these basic health necessities and for development professionals to safely work there. Therefore, work by the World Health Organization (WHO) to address this issue must be multifaceted, cross-sectorial, and combined with efforts by other actors and United Nations (UN) agencies.

The WHO defines health promotion as “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.” As such, in the first place, the WHO needs to continue its efforts at expanding health promotion to the most vulnerable because they have the least control over their own health and situation. Additionally, the WHO needs to address the issue of health promotion in urban conflict zones because poverty, displacement, accessibility to employment, and immediate living conditions determine the future of a developing state's youth. Moreover, in conflict regions, family structures are often disrupted and displacement is common. All of these factors affect a state's overall social and economic development and, as stated, interfere with the state's stability. As such, health promotion in these areas is important and can help to lessen the damage to youth in conflict zones, increasing the likelihood of creating a stable state. This occurs because health promotion ensures security and basic health needs are accessible, and that youth can focus efforts on other facets of societal development. For example, when basic health needs are met, youth can participate more fully in civil society movements. Despite the potential of health promotion programs in addressing the issue of urban youth in conflict zones, the main challenge of the WHO is to facilitate the organization's six core functions while navigating conflict areas that are extremely difficult to access due to logistical constraints and the conflict itself.

Based on understanding this issue, the WHO has six core functions which, according to the WHO's mandate, include: “1) service delivery; 2) human resources; 3) information; 4) medical supplies, vaccines, and technology; 5) financing; and 6) governance and leadership.” In addressing health promotion of urban youth in conflict zones, these core functions are building blocks in creating sustainable options for health promotion and development while still focusing on the unique needs of urban youth. One of the most effective methods of promoting health in conflict zones is to begin by dealing with the conflict by implementing the Cluster Approach. This approach, was developed predominately in response to post-conflict zones by the WHO, the United Nations Development Program, the United Nations High Commission for Refugees, the United Nations Children's Fund, and other partner non-

governmental organizations (NGOs), such as the International Federation of Red Cross and Red Crescent Societies. Under this approach, these organizations agree to work together, utilizing all available resources to initiate programs on the ground as soon as possible. While the approach focuses on post-conflict situations, it can also be applied to current conflicts. This approach utilizes the expertise, resources, logistics, and current programs of multiple agencies to create a comprehensive and overarching strategy for stabilizing conflict zones, which is essential in order to address the unique needs of youth. Such an approach is currently being used in post-conflict Sierra Leone and has led to increased gross domestic product, lower rates in infant and maternal mortality rates, increases in immunization dispersal, and a sustained cease-fire. Investing in quick action programs, comprehensive solutions, and domestic development policies creates better opportunities for sustainable peace and development, and is imperative to both the ending of conflict in a region through stabilizing the health situation and directly mitigating political tensions.

Ultimately, as stated, applying the Cluster Approach to conflict zones demonstrates the need to address health concerns of urban youth as both a cause and outcome of conflict. As such, getting resources on the ground and targeting all resources towards ending a conflict as soon as possible is crucial. The WHO has a unique role to play in the Cluster Approach by ensuring that health resources make it to needy populations. This frequently relies on the WHO's ability to negotiate entrance agreements with governments in collaboration with NGOs and to partner with NGOs locally. As such, the WHO must continuously reevaluate how to develop local partnerships and ensure that resources given to local organizations make it to the intended beneficiaries. Also, because the WHO has limited resources, the WHO has found it important to target aid in communities. Specifically, the WHO has found that focus on health promotion among female youth can create uniquely sustainable change because of the role of women in societies. Structural concerns, however, frequently make targeting women difficult. Finally, the WHO has been successful in creating youth-led health promotion movements and must consider how it can support such actions in conflict zones where the benefits from youth-led activities such as reducing violence and creating greater sustainable change may be particularly important. Going forward, the WHO must consider these issues and reflect on its current work both in conflict zones and in health promotion, which has largely been done on a regional basis. Only by seeking to improve its current efforts will the WHO be able to expand health promotion activities and address the plight of urban youth in conflict zones.

III. Addressing Vaccine Delivery and Disease Eradication Efforts

- How can the success of the Global Polio Eradication Initiative be used as an example to help combat other dangerous diseases that can be vaccinated against?
- What can be done to strengthen the Global Immunization Vision and Strategy Program?

When a child is born, it retains some immunity from its mother, but over the course of its first year, many of these immunities disappear. Vaccines given to children during their first year of life can help combat diseases such as whooping cough, polio, and measles; these are diseases that have either gravely injured or killed millions of children globally. Immunizing children therefore directly helps save individual lives; additionally, according to the United States Center for Disease Control, immunizing children is beneficial to the community simply due to the fact that it benefits those that cannot be vaccinated due to age or medical reasons. Despite the clear need and benefit for vaccinations, getting vaccines to all those who need them, worldwide, is unfortunately hindered by barriers such as cost. Therefore, to save lives and improve public health, the World Health Organization (WHO) must build on current work and efforts to address these barriers.

In 2006, the WHO and the United Nations Children's Fund (UNICEF) launched the Global Immunization Vision and Strategy (GIVS) framework which, according to the framework's Web site, will help "immunize more people against more diseases; to introduce a range of newly available vaccines and technologies; to integrate other critical health interventions with immunization; and to manage vaccination programmes within the context of global interdependence." WHO is the first organization of its kind to create this type of strategy to help solve the problems caused by vaccine preventable diseases. These goals form the four aims of the GIVS program, around which GIVS has created specific goals. GIVS, for example, established goals for 2015, the year deadline to achieve the Millennium Development Goals. Some of these goals include reducing measles mortality and creating a sustainable and effective introduction of new vaccines and technologies. GIVS has also created a list of 24 strategies grouped within four strategic areas that WHO staff are using to further the program. Each four of the strategic areas are

broad, and thus the 24 strategies grouped within the four areas allow for delegates to see the specific goals within each area that GIVS would like to achieve.

In 2011, GIVS published a progress report to see how the organization was doing on achieving each of the goals they wanted. The progress report discusses the rising costs of immunization fees per live birth. The statistics show that in 2000, it cost \$6.00 per live birth to vaccinate a child, a cost that rose to \$25 in 2008, and is expected to rise to \$58 in the future. It is clear that something needs to be done regarding the cost of vaccinations to ensure that all children are vaccinated, but the solution to this problem and others related to vaccination delivery have yet to be determined. Considering one of GIVS strategies is to create a sustainable introduction program for new vaccines, the cost of vaccines must be taken into account while working to meet the goals of that strategy. However, there has been one disease that can be vaccinated against that global health actors working together have all but eradicated; this virus is the poliovirus.

As of May 2012, polio only remains endemic in three Member States worldwide—Nigeria, Pakistan, and Afghanistan—though efforts to eradicate polio have been made in these countries. Rotary International decided to create an anti-Polio initiative in 1985 that influenced the World Health Assembly to also push for the eradication of polio in 1988. Polio is a virus that can cause paralysis in individuals who have been infected. Together, Rotary International and WHO joined with other global health actors to form the Global Polio Eradication Initiative (GPEI). The GPEI was impacted by the recent outbreaks of polio in India. During this time, the GPEI stepped in to make sure the community was safe from its effects, and, as of March 28, 2012, India has been polio free for a year. What has been made clear regarding polio eradication is that if enough individuals in the community are immunized, then there are no hosts available for the virus and thus the virus will die out within that community. This process is called community immunity. When the polio initiative began in 1988, 1,000 children were infected by polio each day, and statistics have brought that down to less than 2,000 children globally in 2009. Although the disease has not been completely eradicated, the efforts that have been made towards eradication are tremendous, thus becoming an ideal case study to analyze when determining how to combat other diseases that can be eradicated through vaccination. Ultimately, the poliovirus case has shown that vaccinations can successfully be delivered to the far reaches of the globe when efforts center on building unique partnerships, involving diverse communities, and creatively finding ways to administer vaccinations.

Additional lessons for eradicating diseases have been drawn from refugee camps set up to help individuals escaping from war, famine, or other crises. Other major diseases that can be vaccinated against are measles and cholera, and the recent refugee camps set up in Dadaab and Dagahaley have allowed for doctors and humanitarian workers to deliver over 130,000 measles vaccines to individuals currently located in the east-African refugee camps. UNICEF has also created an immunization program in some of the other refugee camps that have vaccinated over 100,000 children as well. However, vaccine delivery in combat zones, despite the potential help to children and communities, is a major hurdle that vaccination efforts have to contend with as recently demonstrated in Somalia. Additionally, no matter the area, vaccine efforts are continuously hindered by a lack of funding. Yet, many of WHO's goals are related to vaccine delivery and disease eradication efforts, and as such, these are issues WHO must consider in order to move forward with its efforts.

Annotated Bibliography

History of the World Health Organization

World Health Organization. (1948). *The Constitution of the World Health Organization*. World Health Organization: New York. Retrieved on July 14, 2012, from:
http://www.who.int/governance/eb/who_constitution_en.pdf.

This document presents the objectives and purposes of the WHO and the WHA. This document contains all amendments to the constitution and information regarding the abilities and objectives of the WHO. It, therefore, is a key document for delegates to understand how the WHO functions and how to effectively simulate it.

World Health Organization. (2012). *World Health Organization: About WHO*. Retrieved on June 1, 2012, from:
<http://www.who.int/about/en/>.

This Web site is the WHO's homepage. All projects, initiatives, partnerships, and resolutions related to the WHO can be found throughout this Web site. Specifically the "About: WHO" page is a first step in researching WHO programs, current events, meetings, and conferences. Information found on this Web site is important to understanding the scope and abilities of the WHO.

World Health Organization. (2010). *World Health Organization: Accelerated Progress towards the health-related Millennium Development Goals (MDGs)*. World Health Organization. Retrieved on June 5, 2012, from: http://www.who.int/topics/millennium_development_goals/en/.

This Web site is a part of the WHO's general information system and includes data on the current progress of the MDGs. It also includes specific topic discussions such as on 20 ways the WHO helps developing countries achieve the MDGs, speeches on the MDGs, and fact sheets on topics like the health of women and children. This information is helpful in understanding the current challenges before the WHO and can be a good starting place for delegate research.

I. Strengthening the Role of WHO

World Health Organization. (2012). *Executive Board Decision EB130(6)*. Retrieved on May 25, 2012, from: http://www.who.int/dg/reform/consultation/EB130_decision6_reform.pdf.

This document is the WHO's Executive Board Decision regarding WHO reform passed in January. This was to be used during the 65th meeting of the WHA to help guide the Assembly's reform decisions. The decision will likely help delegates understand why the WHA made the decisions they did when they drafted A65/43, therefore delegates may find this helpful.

World Health Organization. (2012). *Sixty-Fifth World Health Assembly*. Retrieved on May 25, 2012, from: <http://www.who.int/mediacentre/events/2012/wha65/en/index.html>.

All of the information related to the Sixty-Fifth Meeting of the WHA can be accessed from this Web site. Delegates will need to begin their research here for all of the topics in the background guide because they need to see what was mostly recently discussed during the meeting of the governing body of the WHO. This Web site will be helpful for delegates as WHO reform was a topic discussed during the Sixty-Fifth Meeting.

World Health Organization. (2012). *WHO Reform: A65/43*. Retrieved on May 25, 2012, from: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_43-en.pdf.

The Sixth Report of the Programme, Budget and Administration Committee of the Executive Board is extremely important for delegates to read and grasp as it will likely guide debate regarding this topic. This document addresses budgetary issues, how best to link priorities within the core functions of WHO, WHO's relation to other world health actors, and the possibility of including a sector of the WHO that would address social determinants of health. The Executive Board compiled this source by working with the WHO Director-General to determine what the current problems are and what solutions are feasible. This is a must-read for all delegates before the beginning of the conference.

World Health Organization. (2012). *WHO Reform: A65/INF.DOC./6*. Retrieved on May 25, 2012, from: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_ID6-en.pdf.

A65/INF.DOC./6 is a chart published by the WHO on May 16, 2012, that shows where the WHO is today, where it wants to be one year from now, three years from now, and what the impact of the reforms should be. Delegates should look at this chart to help them understand the goals that WHO wants to reach over the upcoming years. This will likely be helpful for delegates, as it will give them an idea of what reforms the WHO wants to actually pursue.

World Health Organization and United Nations Children's Fund. (2012). *WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation*. Retrieved on May 25, 2012, from: <http://www.wssinfo.org/>.

Currently, this is one of the many partnerships that the WHO has with another international entity to combat a major health crisis impacting the world. Delegates may find this Web site useful if they want to see how the WHO partners with other organizations. This Web site may be useful for

delegates representing Member States wishing to have the WHO partner with other groups, likely in their country, to help solve global health problems.

II. Health Promotion of Urban Youth in Conflict Zones

Adams J. and Wiser B. (2002). Health Promotion and Community Participation. *The United Nations Children's Fund (UNICEF). Environmental Health in Emergencies and Disasters*. (Geneva, Switzerland: World Health Organization, pp. 202-215. Retrieved on July 14, 2012, from: <http://helid.digicollection.org/en/d/Js2875e/5.10.html>.

The impact of environmental disasters and the processes that must be enacted to ensure productive transition and rebuilding policies are detailed in this report. Policies include, water security, sanitation concerns, outbreak control, disarmament, and health promotion education based on reproduction. The information found in this report depicts the importance of pre-disaster planning, emergency responses, recovery and sustainable development. This report also shows the initiatives set forth for immediate action in health emergencies and disasters, progress in regards to those initiatives, as well as challenges faced and future steps to utilize health promotion in development initiatives.

United Nations Children's Fund. (2006). *Child and Youth Participation Resource Guide*. UNICEF East Asia and Pacific Region, Bangkok. Retrieved on July 14, 2012, from: http://www.unicef.org/adolescence/index_38074.html.

This Resource Guide is compiled in four parts: 1) Introduction to Child and Youth Participation; 2) Children involved in Research, Analysis, Planning, Implementation, and Evaluation; 3) Children's Participation in Programme Areas; and 4) Children Involved in Political Decision-making. These parts consist of hundreds of guides, projects, and programs that have utilized children as active participants in social change and health promotion initiatives. These related links will aid delegates in determining which ideas of what initiatives can be set-forth in creating resolutions action plans and emergency responses to crisis.

United Nations Educational, Scientific and Cultural Organization. (2012). *UNESCO Participation in UN Post-Conflict Coordination Mechanisms*. (UNESCO). Retrieved on June 10, 2012, from:

<http://www.unesco.org/new/en/unesco/themes/pcpd/post-crisis-coordination-mechanisms/>.

This Web site is a resource that depicts the United Nations Educational, Scientific and Cultural Organization and inter-agency partnerships that provide a Cluster Approach to post-conflict regions. The system-wide reforms of the UN on post-conflict and post-disaster response ensures that the United Nations focuses on early recovery and peace building. The United Nations Educational, Scientific and Cultural Organization promotes the "cluster approach" in partnership with the Inter-Agency Standing Committee (IASC) Humanitarian Education Cluster and Early Recovery Cluster. This comprehensive approach allows for collaboration in a multi-sector program that promotes health, creates stability, and works to ensure development and prolonged peace in conflict zones. This resource is helpful in showing which projects have been successful and which projects still have remaining challenges.

United Nations General Assembly. (2009, August 21). *Resolution 315 (2009)*. Retrieved on June 30, 2012, from: <http://www.un.org/Docs/journal/asp/ws.asp?m=a/64/315>

Written in response to General Assembly resolution 62/140, this resolution provides an overview of international obligations as to the social status and the role of the girl child in developing societies. This report addresses progress made and challenges ahead regarding discrimination, poverty, right to education health initiatives, HIV/AIDS awareness, violence and exploitation of the girl child as well as recent progress in ending female genital mutilation. Therefore, this source can aid delegates in debating these issues as they relate to health promotion.

United Nations. (2009). *UN Data Country Profiles*. (UNData). Retrieved on June, 10, 2012, from: <http://data.un.org/Default.aspx>.

UNData is a compilation of statistics for each Member State. UN Data utilizes 34 databases and holds 60 million records. Information retrieved from this Web site is helpful for a comprehensive view of UN Member State statistics, program initiatives, resolutions in action, and future

prospects of achieving the MDGs. For the topic at hand, it will help delegates understand the current development situation facing youth in their Member State.

United Nations World Health Assembly (2011, April 28). *Resolution 25 (2011)*. Retrieved on June 1, 2012, from: <http://www.un.org/Docs/journal/asp/ws.asp?m=a/64/25>

This resolution provides information on the health status of young people, health risks and immediate consequences, social and cultural determinants, interventions that address health risks in youth, putting the health of young people on national agendas, and future directions of programs focused on health risks and promotion. It highlights the WHO's medium term strategic action plan 2008-2013 and promotes comprehensive, multi-sector approaches by strengthening the role of health ministries and the health sector in leading future progress in health promotion. This is an example of recent action taken by the WHA, and as such can help the delegates understand the current work of the WHO.

World Health Organization. (2009). *Milestones in Health Promotion: Statements from Global Conferences*. World Health Organization, pp. 1-42. Retrieved on July 14, 2012, from <http://www.who.int/healthpromotion/milestones.pdf>.

This report reaffirms the decisions, resolutions, and initiatives set forth in past global conferences in regards to health promotion. Information found in this report focuses on health promotion action, what programs and initiatives have been instated, status of these programs, and future steps to ensure global health promotion. Each respective past health conference is highlighted as well as subjects such as accountability for health, strengthening community action, equity access and development, and creating supportive environments.

World Health Organization. (2012). *World Health Statistics*. Retrieved June, 1, 2012, from: http://www.who.int/gho/publications/world_health_statistics/2012/en/index.html

This WHO database holds information on world health initiatives, challenges, and programs in the past year regarding health. Information that can be retrieved focuses on statistics of each respective Member State including local diseases, infant-maternal mortality rates, gross domestic product, and current progress of the MDGs. This information gives a breakdown of each Member State and is helpful in pinpointing specific subject matter and information based on disease control, immunization dispersal, and progress based on past data.

III. Addressing Vaccine Delivery and Disease Eradication Efforts

Centers for Disease Control and Prevention. (2012). *How Vaccinations Prevent Disease*. Retrieved on May 25, 2012, from: <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm>.

This is a portion of the Centers for Disease Control and Prevention Web site that discusses how vaccinations work and why they are important to children. This Web site is helpful to delegates looking to obtain a general grasp of this subject. Delegates will also likely find the statistics discussed in this source to be helpful.

Médecins Sans Frontières. (2012). *Dadaab Refugee Camps: Back to Square One*. Retrieved on June 1, 2012, from: <http://www.somali.msf.org/2012/02/dadaab-refugee-camps-back-to-square-one/>.

This article discusses major problems currently being faced in the Dadaab Refugee Camps, but it also discusses some positives that have come about through the refugee camp. The article discusses what is being done to vaccinate children in the camps, and how various diseases are impacting other work being done within the camp to better the situation of the individuals located within the camp. Delegates representing Member States that contribute large monetary sums to humanitarian aid will likely find this article the most helpful.

Polio: Global Eradication Initiative. (2010). *History of Polio*. Retrieved on May 25, 2012, from: <http://www.polioeradication.org/Polioandprevention/Historyofpolio.aspx>.

This Web site shows the history of polio from 1580 B.C. to present day. This is an interesting way for delegates to grasp how destructive a disease polio was to the global population, and how far the world has come towards the eradication of polio. From this Web site, delegates will be able to

link to other recent articles regarding polio eradication and what is being done to help eradicate polio in the three Member States that are still impacted by the debilitating disease.

United Nation's Children's Fund. (2011). *UNICEF Delivering for Children of Dadaab as Needs in Host Communities and Camps Grow*. Retrieved on June 1, 2012, from: http://www.unicef.org/media/media_59470.html.

This article published by UNICEF discusses some of the humanitarian efforts currently being pursued in, what is currently, the largest refugee camp in the world. This article will be helpful for all delegates because delegates should have a general grasp on issues related to vaccination efforts in refugee camps. Also, delegates should recognize how having an unvaccinated community hurts humanitarian efforts like those UNICEF is trying to pursue within the camp.

World Health Organization. (2012). *GIVS Goals*. Retrieved on May 25, 2012, from: <http://www.who.int/immunization/givs/goals/en/index.html>.

This Web site discusses the goals set by the GIVS and the goals the program wanted to meet in 2010 and those it wants to meet by 2015. The goals are written on this page, but the methodology on how to achieve these goals is not. Delegates can use this as a basis for determining the goals that their Member States want to achieve, but try to use their creativity in determining how best to go about achieving them. For example, introducing new vaccines is a goal that the GIVS wants to achieve, and delegates should determine what they believe their Member State would do in order to achieve this goal.

World Health Organization. (2012). *Global Immunization Vision and Strategy*. Retrieved on May 25, 2012, from: <http://www.who.int/immunization/givs/en/>.

This is the GIVS homepage on the WHO Web site and gives some general background on the GIVS program. This will be helpful for delegates to begin their research on the topic, as this is a major WHO initiative that has shown to see some success. Delegates should likely begin their research regarding the GIVS here and move into some of the links from this Web site as they describe GIVS in some detail.

World Health Organization and United Nation's Children's Fund. (2005). *Global Immunization Vision and Strategy 2006-2015*. Retrieved on May 25, 2012, from: http://whqlibdoc.who.int/hq/2005/WHO_IVB_05.05.pdf.

This is one of the most important pieces of research regarding this topic as it discusses all 24 strategies proposed by the GIVS and how the program believes these strategies can be met. Throughout the document are various statistics and data related to vaccination efforts and the problems that vaccination efforts face. Although this document is longer than others suggested, it is a must-read for delegates, as it will help delegates obtain a strong grasp regarding the immediacy of the topic.