NMUN•NY 2017

19-23 March

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

Conference A
Committee Staff

<table>
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<th>Role</th>
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<tr>
<td>Director</td>
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Agenda

I. Mitigating the Public Health Effects of Climate Change
II. Improving Coordination of Health Services in Outbreaks and Emergencies
III. Ensuring Access to Clean and Safe Water

Resolutions adopted by the Committee

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<th>Code</th>
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<tr>
<td>WHO/1/1</td>
<td>Mitigating the Public Health Effects of Climate Change</td>
<td>23 votes in favor, 0 votes against, 2 abstentions</td>
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<tr>
<td>WHO/1/2</td>
<td>Mitigating the Public Health Effects of Climate Change</td>
<td>Adopted without a vote</td>
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<tr>
<td>WHO/1/3</td>
<td>Mitigating the Public Health Effects of Climate Change</td>
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Summary Report

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

I. Mitigating the Public Health Effects of Climate Change
II. Ensuring Access to Clean and Safe Water
III. Improving Coordination of Health Services in Outbreaks and Emergencies

The session was attended by representatives of 25 Member States.

On Sunday, the committee adopted the agenda of I, III. II, beginning discussion on the topic of “Mitigating the Public Health Effects of Climate Change.” By Tuesday, the Dais received a total of five proposals covering a wide range of sub-topics including technology, education, policy, risk assessment, and national adaptation plans. The committee maintained a diplomatic atmosphere and the spirit of international cooperation was well represented among delegates. Delegates took the initiative to successfully merge their working papers to accurately depict the dynamics of WHO.

On Wednesday, three draft resolutions had been approved by the Dais, all of which had amendments. The committee adopted three resolutions following voting procedure, two of which received unanimous support by the body. The resolutions represented a wide range of issues, including the implementation of policies to help mitigate the public health effects of climate change, education to spread awareness on how climate change impacts health, and the role of technology in improving the quality of life of those affected by climate change. The depth of the speeches presented to the committee have appropriately highlighted the gravity and the sensitivity of environmental changes on human health. Regardless of the complex nature of the topic being discussed, the delegates impressively tackled the associated global issues with skill and verve. Furthermore, the resolutions adopted were incisive and effectively brought upon pragmatic and valuable solutions to the topic.
WHO/1/1
Committee: World Health Organization
Topic: Mitigating the Public Health Effects of Climate Change

The World Health Organization,

Emphasizing the importance of Sustainable Development Goal 13, from the 2030 Agenda for Sustainable Development, in combating the impacts of climate change,

Noting with regret that only 15% of Member States mention the health effects of climate change in their National Climate Change Plans (NCCP),

Underlining the importance of the Climate Vulnerable Forum (CVF) established to achieve greater cooperation between Member States highly affected by climate change,

Taking into consideration that generic drugs can greatly improve dispensing medical aids to the needy at low cost,

Recognizing the European Medicines Agency in undertaking the Institutional Strengthening of the Environmental Management Authority in Relation to Climate Change with the objective to review policies, primary legislation, and regulations relating to environmental management and sustainable development and propose new amendments to these documents to satisfy the mitigation and adaptation of NCCPs,

Acknowledging the Kingdom of Thailand on having a long and successful history of health development and adopting a sufficiency economy philosophy to guide their national development plans,

Recalling the significance of the Second Global Conference on Health and Climate held in Paris concerning the importance of health adaptation to climate change, ensuring support for health and climate action, measuring country progress, and discussing an approach to further link health to climate change,

1. **Endorses** a third Global Conference on Climate Change and Health, which will be held in Thailand that would take place in the year 2020 with the agenda to:

   a. Address climate change in relation to outbreaks and emergencies, targeting vector-borne diseases and the effects of heat-waves, in collaboration with the United Nations Environment Assembly and the General Assembly 3rd Committee;

   b. Ensure attention on the impact of climate change on individuals, specifically targeting vulnerable groups, such as children, elderly, and women by providing evidence in taking into account local circumstances;

   c. Discuss the monitoring of climate change and its effect on health in each Member State to determine which Member States are prone to diseases caused by climate change;

   d. Discuss the implementation of early warning systems and epidemiological monitoring programs that target environmental threats such as floods, droughts, and unsafe bodies of water;

2. **Encourages** Member States to acknowledge climate related health issues in their policies and regulations to climate change by:

   a. Placing human health as one of the core sectors to be protected by environmental effects in their NCCP;

   b. Recognizing and addressing the effects of climate change on public health in their national laws by actively limiting the effects of declining public health resulting from climate;
 Adopting a sufficiency economy as a guiding national development plan to use resources already available to Member States as advantages so that funding becomes less of an issue;

3. Welcoming Member States to find a balance between the right of intellectual property and the right to access medicines in developing and emerging countries, as a more ethical approach to the mitigation of health effects due to climate change;

4. Requests that health-related workforce capacities, as successfully implemented in Centers’ for Diseases Control and Prevention Climate and Health Program, are increased in areas with rising climate change related diseases to quickly prevent the disease from spreading;

5. Affirms the importance of increasing the cooperation between Intergovernmental Panel on Climate Change, World Health Organization (WHO) and Member States affected by climate change related outbreaks by:

   a. Creating a website compiling policies and regulations from governments, national institutions, alliances, such as the Alliance of Small Island States and Arctic States, and NGOs, such as Doctors Without Borders and the Red Cross and Emergency, to increase the resilience of more vulnerable countries;

   b. Joining the CVF to share their current approaches based on their expertise,

   c. Establishing a collaboration between less developed and developed countries in order to share health knowledge and practical means, and set up an exchange program of medical staff;

   d. Encouraging governments to create a social welfare scheme for the less fortunate which offers comprehensive and basic health care, such as free prescription drugs, vaccinations, outpatient care, hospitalization and disease prevention;

6. Calls upon signatories of the Paris Agreement to continue updating the Intended Nationally Determined Contributions that has had a direct impact on health with respect to state’s capacity;

7. Recommends Member States bear in mind the WHO’s International Health Regulations, especially as they frame their policies in recognition of the effects of climate change on the public health.
The World Health Organization,

Aware of Article 15 of the Universal Declaration of Human Rights which stipulates that everyone has the right to an educated standard of living and health,

Emphasizing the General Comment Number 15 of the International Covenant on the Economic, Social and Cultural Rights, which recognizes access to clean and safe water as a human right,

Reminded of the 2030 Agenda for Sustainable Development Goal 3, which promotes a healthy lifestyle and well-being, and Sustainable Development Goal (SDG) 13, which aims to combat climate change and its impacts,

Fully Aware of the joint World Food Program (WFP) and World Health Organization (WHO) resolution CX/CAC/16739/19 of 2016, in which the Codex Trust Fund was created,

Understanding that the regional differences of the effects of climate change provide unique challenges, which affect health differently, and therefore require unique responses,

Recognizing the greater impact of climate change on the health of impoverished populations due to greater vulnerability to climate extremes and natural disasters,

Noting with deep concern that Member States devastated by regional outbreaks of natural disasters, affecting 98.6 million people and contributing to negative long term health effects according to the United Nations Office for Disaster Risk Reduction’s report Disasters in Numbers (2015),

Deeply conscious of the connection between climate change and hunger concerning land degradation which causes lower crop production and leads to health issues such as malnutrition as outlined by the WFP’s report The State of Food Insecurity in the World (2015),

Acknowledging the efforts and the efficiency of Public Private Partnerships (PPP), such as between the United Nations Development Programme and IBM addressing the deficiencies regarding education by implementing innovative technology,

Reminded of the Addis Ababa Action Agenda for financing development highlighting domestic financing mechanisms and the role of the private sector in the 2030 development agenda, and attributing aid as a catalyst and source of support to the least-developed countries,

Recalling the High Panel on Water and its Call to Action, followed by the Budapest Water Summit reminding Member States of the efficiency of using the right mix of technology, infrastructure, and management, including appropriate and efficient monitoring systems,

Bearing in mind the objective of the WHO’s Commission of Intellectual Property Rights, Innovation and Public Health, which manages appropriate funding and incentive mechanisms for the creation of new technological innovations in combating the effects of climate change on public health with the private and public sectors,

1. Recommends the Review Committee to update the Guidelines On Drinking Water Quality to include a chapter promoting and informing on infrared cameras, solar powered buoys, bulk water pipelines, and the implementation of early warning systems and epidemiological monitoring programs, that target environmental threats such as floods, droughts and unsafe water bodies, in order to ensure useful mechanisms for water quality that are affected by climate change;
2. *Further encourages* the implementation of these technologies by Member States with the aim to improve the monitoring of heat wave impact on water management systems as well as climate change induced contamination;

3. *Calls for* the standardization of information gathering and sharing systems as well as reporting mechanisms of WHO Regional Bodies, following the model of the Pan American Health Organization, to facilitate communication and assessment of the variable effects of climate change on public health by:
   a. Identifying high risk regions and sensitive populations of greatest concern based on geographic vulnerability to climate related health issues;
   b. Identifying emerging health issues facing regions identified by the above categorization mechanism, including emergencies arising from natural disasters, health effects of intense weather phenomena, outbreaks and emerging epidemics of vector-borne diseases due to poor sanitation, and health inequalities linked to deteriorating access to basic resources, such as food, due to flood, drought, or other agriculturally disruptive phenomena;
   c. Utilizing the classification to provide supporting information for these regions, including strategies for implementing material, medical aid, humanitarian responses, and other information to mitigate health issues caused by climate change;
   d. Coordinating responses and best practice information between separate regional bodies as needs arise to ensure a more effective global response;
   e. Recommending responses to emerging public health concerns related to the issues of climate change based on best practices;
   f. Ensuring established frameworks remain cognizant of regional situations by providing the global community with up-to-date information;

4. *Suggests* Member States consider promoting the establishment of PPPs to facilitate the implementation of the standardization goals set forth in Clause 3 by:
   a. Focusing on the effective use of new and existing mapping technologies to identify the regions of greatest concern;
   b. Expediting efforts to guarantee accessibility of health-related information to underserved areas by utilizing Information and Communication Technologies;

5. *Requests* the expansion of the mandate of the WHO’s Codex Trust Fund-2 (CTF-2) to accommodate the creation of a new partition facilitating the creation of the technological framework described in Clause 3, which:
   a. Ensures that the money allocated to the newly created partition will be used solely for the purposes of facilitating the implementation of the technological framework;
   b. Remains exclusive with the funds allocated to CTF-2 not otherwise dedicated to the new partition;
   c. *Requests* the Steering Committee of CTF-2 to determine the scope of the newly created partition;
   d. *Encourages* that a representative of the United Nations Environmental Program be added to the Steering Committee of CTF-2 to assist with the governance of the newly created CTF partition, focusing on the climate related health issues mandate;

6. *Calls upon* regional investment bodies and Member States to contribute appropriate funding in regards to their economic capabilities to uphold the expansion of the CFT-2.
The World Health Organization,

Highlighting Article 3 of the Universal Declaration of Human Rights (UDHR), which guarantees the right to life and Article 25 which refers to the right to an adequate standard of living,

Recognizing the 2030 Agenda for Sustainable Development (A/RES/70/1) and sharing the concerns of the international community in limiting the negative impacts of climate change on health,

Reaffirming the Paris Agreement of 2016, which is a global consensus agreement focusing on fighting climate change and preventing environmental degradation,

Emphasizing that climate change has a global scope and poses an imminent threat to all Member States, especially public health,

Referring to the role of the United Nations Framework Convention on Climate Change (UNFCCC) objective to “stabilize greenhouse gas concentrations” in mitigating the health effects of climate change, as outlined in FCCC/INFORMAL/84,

Recalling the World Health Organization’s (WHO) work plan on climate change and health that provides support to Member States to respond to the health risks presented by climate change,

Stressing the significance of Sustainable Development Goal (SDG) 3, which ensures the wellbeing of every individual, and SDG 13, which aims to take immediate action to combat climate change,

Bearing in mind the importance of the Green Climate Fund (GCF) and its financial resources,

Welcoming the efforts of the Health Information and Intelligence Platform (HIIP) in the exchange of information and data regarding climate change and public health effects,

Drawing attention to the Principles for Responsible Management Education (PRME) framework that promotes the education of United Nations’ SDGs to include dialogue concerning the effects of climate change on public health,

Remembering the Climate Change and Health Resolution (RES WHA/61.19) which includes audio-visual material in order to strengthen health systems to protect populations from the threats posed by climate change,

Deeply concerned with the lack of education on the topic of climate change and its effects on physical and mental health,

Acknowledging that developing states and other Member States of special circumstances do not have the necessary resources available to them to train medical officials properly and effectively,

Fully believing that the youth play a key role in building resilience to the impacts of climate change on public health and as a result should be educated accordingly in this regard,

Confident the collaboration between non-governmental organizations (NGOs) and the WHO will allow for better adaptation and resilience building for mitigating the effect of climate change on public health,

Noting Pakistan’s “Billion Tree Tsunami” campaign, which implements the planting of trees in both rural and urban areas to improve the quality of air by reducing the carbon dioxide effect and to reduce the potentiality of lung disease, while acknowledging the existing WHO partnerships between universities and research facilities,
Considering the United Nations International Children’s Emergency Fund (UNICEF) projects “School-in-a-Box” and the “Education in Emergencies” which includes a ToolKit for Teacher Mobilization, Identification and Training,

Recognizing parts of Kazakhstan’s “State Health Development Program,” which introduces a new system of social insurance that is designed to improve access across a nation,

1. **Calls for** the creation of a biannual international conference to be named Empowering Communities through Education on Climate Adaptive Measures Conference to promote awareness on climate change and its detrimental effects on public health by:

   a. Employing trained WHO personnel, the Intergovernmental Panel on Climate Change, and health experts in the formation and bi-annual update of the global set of guidelines to inform and educate the populace of given regions about the important connection between climate change and its effects on public health;

   b. Endorsing youth participants to further spread the objectives and outcomes of the conference in their respective communities to address the needs of the elderly, children, illiterate and other disadvantaged groups, as well as schools for the purpose of promoting debate amongst students;

   c. Inviting medical professionals, students, and relevant NGOs to engage in an exchange of knowledge and ideas to better address the negative effects of climate change upon individual health;

   d. Providing training programs and forums for medical professionals to better address the negative effects of climate change regarding individual and public health;

   e. Encouraging financial support needed to be provided by the Asian Development Bank, the Commonwealth Climate Finance Access Hub and voluntary donations;

2. **Promoting** the integration of environmental issues and the effects on human health in educational institutions by establishing educational programs that allow collaboration between public and private sectors, as well as debate for international students;

3. **Recommends** the utilization of existing partnerships that WHO has with universities and research facilities in order to create an internship program that will;

   a. Send students as interns to get involved through research facilities that will investigate the most appropriate, holistic method for the specific region, to be enacted to achieve the greatest impact;

   b. Send interns interested in international development and public health who would organize climate-informed policies, health adaptation plans, or green campaigns within countries, mirroring the efforts of Pakistan’s “Billion Tree Tsunami” campaign;

4. **Encourages** participating NGOs to cooperate with WHO to accomplish assignments regarding the promotion of health issues and share statistical health data for further research by setting regional objectives regarding environment-related health concerns, such as the increase in communicable diseases in areas affected by rising temperatures;

5. **Recommends** WHO data collections mechanisms of climate change’s impact on vulnerable populations include extreme weather changes and their impact on natural systems, namely water, food and air which are directly linked to the propagation of diseases such as malaria and dengue;

6. **Calls for** all Member States to mirror panels such as the Canadian National Collaboration Centre for Environmental Health (NCCEH) and the Health Information and Intelligence Platform (HIIP) to:
a. Collect data, by ensuring an adequate spectrum of representativeness concerning climate change’s impact on human health;

b. Structure data, by organizing it into main sectors;

c. Curate data, in a comprehensive manner;

d. Share data, by uploading it on websites linked to non-governmental organizations as well as governmental organizations and during conferences such as the annual World Health Assembly (WHA) meeting;

e. Provide access to data by experts, governments, NGOs and other UN platforms such as the Climate Change and Health Project in order to bring the panels from a regional to an international level and equip them with the scientifically substantiated evidence;

7. Encourages Member States to cooperate closely with these data management platforms to assess their specific health needs originating from changing climate and prioritize these needs according to their intersections and urgency, making sure vulnerable population’s needs are met;

8. Suggests to analyze the impact that climate change has on social and human systems in the form of the secondary effects of malnutrition, heat stress, mental illnesses, population displacement, increased risk of violent conflict and decrease in economic growth by using the aforementioned data;

9. Calls upon nations to evaluate the conditions of rural and undeveloped areas that lack technological advances in order to manually collect necessary data on health-related topics that are otherwise unattainable,

10. Suggests the creation of a certification for private companies granted by the WHO that demonstrates the company:

   a. Works towards fighting the health issues of their employees caused by climate change, such as the effects of air pollution on the respiratory system;

   b. Exemplifies private and public investment that allows involved parties to adapt to the effects of climate change on health;

11. Endorses the establishment of an international social media promotion campaign to raise awareness on the relationship between public health and climate change that:

   a. Includes advocacy from renowned public figures to educate younger generations on the link between the effects of climate change on public health;

   b. Promotes financial support from private companies and stakeholders to the GCF to be used for educational purposes such as the internship project;

12. Recommends setting the public health effects of climate change on a permanent agenda for the forthcoming United Nations Climate Change Conferences to guarantee minimum level of discussion as to actively engage WHO in decision-making regarding regionally-specific action plans needed;

13. Calls upon Member States to recognize climate change and its detrimental effects on public health.