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United Nations Simulation Conference 2023

World Health Organization

BACKGROUND GUIDE

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Letter from the Chairs

Dear delegates,
Welcome to the World Health Organization! As the chairs, we are thrilled to have the opportunity to guide and facilitate your discussions throughout this simulation. Over the next few days, we will dive into the complex world of global health, aiming to find innovative and collaborative solutions to the challenges we face today.

Throughout the conference, we will address a wide range of topics that directly impact the health and well-being of people around the world. From tackling infectious diseases to promoting universal healthcare coverage, our discussions will require thoughtful analysis, strategic thinking, and the ability to work together towards shared goals. As delegates, you will personify the roles of diplomats, representing the diverse perspectives of different countries and stakeholders.

As chairs, our role is to ensure that the discussions are conducted in a fair, inclusive, and productive manner. We will guide you through the formal procedures, help you navigate the rules of procedure, and encourage active participation from all delegates. We are here to assist and support you throughout the conference, so please feel free to approach us with any questions or concerns you may have.

Remember, this conference is not just about winning debates or passing resolutions, it is about fostering understanding, cooperation, and empathy towards the global health challenges we face collectively. We must strive to find common ground, build consensus, and develop sustainable solutions that can make a real difference in the lives of people across the globe.

We are confident that with your dedication, passion, and commitment to the principles of the WHO, we will make this conference a resounding success. Let us embark on this journey together, embracing the spirit of diplomacy and collaboration, as we work towards a healthier and more equitable world for all.

Best regards, we look forward to seeing you!

Chairs
World Health Organization
Muskan Fathima, Imranah Ilias, Lazim Sameer

About the Committee

The World Health Organization (WHO), founded in 1948, is a United Nations-specialized organization dedicated to global public health. As stated in our Constitution, our primary goal is to strive for "the attainment of the highest standard of health for all individuals." The WHO Headquarters, located in Geneva, Switzerland, administers six largely independent regional offices and 150 field offices around the world.

WHO, as the United Nations system's directing and coordinating authority on international health, upholds the UN values of integrity, professionalism, and respect for diversity. The ideals of the WHO workforce also reflect the concepts of human rights, universality, and equity enshrined in the WHO Constitution, as well as the organization's ethical standards.

These principles are inspired by our WHO vision of a future in which everyone can achieve the best degree of health possible, as well as our goal to promote health, keep the world safe, and assist the vulnerable, with measurable impact on people at the country level.

Global public health security is defined as the proactive and reactive measures required to reduce the danger and effect of acute public health events that endanger people's health across geographical regions and international borders. Population increase, fast urbanization, environmental deterioration, and antimicrobial overuse are all disturbing the microbial world's homeostasis.

The objective of WHO is to assist all countries in fulfilling their obligation of safety and care to their populations, particularly the poorest and most vulnerable. This is the purpose of global public health security: to show how collective international public health action may help humanity construct a safer future.

Ethics of euthanization: should they be legalized?

Euthanasia originates from a Greek word that means "a good death." It is the painless execution of a patient suffering from an incurable and severe illness or in an irreversible coma. Euthanasia has several dimensions. It can be active euthanasia or passive; voluntary or involuntary. Euthanasia can also be physician-assisted. In countries where euthanasia or assisted suicide is legal, they are responsible for between 0.3 and 4.6% of deaths. There is rising concern about the pattern of legislation allowing access to euthanasia and its impact on countries' legal, ethical, human rights, health, religious, economic, spiritual, social, and cultural facets.

Some countries believe that people should be able to make their own decisions and that they ought to have the option of using euthanasia if they so desire because only the individual knows precisely how they feel and how the psychological and physical suffering of illness and prolonged death affects their quality of life. Additionally, it has been noted that many terminally ill patients migrate to foreign nations where assisted suicide is permitted, rendering the domestic legislation worthless.

Contrarily, many people affirm that euthanasia goes against the Hippocratic oath that doctors take which states that a doctor shall neither give a deadly drug to anybody who asked for it nor make a suggestion to this effect. Euthanasia is viewed as ethically objectionable and a form of murder by a number of religions. Some religions also consider suicide to be "illegal". Morally, it is argued that euthanasia will erode society's adherence to the value of human life.

Whether or not euthanasia should be legalized is still an issue of concern among the member nations.

Key Terms:

1. **Euthanasia**:the practice of killing without pain a person or animal who is suffering from a disease that cannot be cured.

2. **Assisted suicide**: Assisted suicide is the act of deliberately assisting another person to kill themselves.

3. **Voluntary euthanasia**: Euthanisation conducted with consent.

4. **Non-voluntary euthanasia**: When euthanasia is performed on someone who is unable to consent owing to their current medical condition. *In this case, another appropriate person makes the decision on behalf of the individual, based on their quality of life.*

5. **Involuntary euthanasia**: When euthanasia is carried out on a person who is capable of providing informed consent but does not do so, either because they do not wish to die or because they were not asked.

6. **Passive euthanasia:** It is when life-sustaining treatments are denied.

7. **Active euthanasia:** It is when someone employs fatal substances or means to end a person's life.

8. **Palliative care:** It is an interdisciplinary medical caregiving approach aimed at optimizing the quality of life and mitigating suffering among people with serious, complex, and often terminal illnesses.

Timeline:

Date	Event
2001	Netherlands Legalizes Euthanasia
Feb. 19, 2008	Luxembourg Legalizes Physician-Assisted Suicide and Euthanasi

Nov. 4, 2008	Washington Death with Dignity Act Is Passed
Mar. 2, 2014	Belgium Legalizes Euthanasia for Terminally and Incurably Ill Children
Feb. 6, 2015	Canada's High Court Strikes Down Physician-Assisted Suicide Ban
Apr. 30, 2015	South African Court Allows Assisted Suicide for Terminally Ill Man
June 7, 2016	Physician-Assisted Suicide Becomes Legal in Canada
Sep. 17, 2016	First Belgian Minor Granted Euthanasia or Physician-Assisted Suicide
Feb. 26, 2020	Germany Overturns Ban on Organized Assisted Suicide
Oct. 16, 2020	Netherlands to Allow Physician-Assisted Suicide for Terminally I Children Under 12
Oct. 17, 2020	New Zealand Votes to Legalize Physician-Assisted Suicide for Terminally Ill Adults
Jan. 7, 2021	First People with Non-Terminal Illness Undergo Euthanasia in Colombia

Major Parties Involved:

Netherlands: Netherlands was among the first countries to decriminalize euthanasia. It has constructed a thorough legislative framework called the "Termination of Life on Request and Assisted Suicide Act" that permits euthanasia under certain conditions.

Belgium: Euthanasia was authorized in Belgium in 2002. It has a set of legal standards and safeguards for physicians who assist in euthanasia, similar to the Netherlands.

Colombia: Colombia's Constitutional Court determined in 2015 that euthanasia is legal under specific conditions. The court judgment established the rights of patients to request and receive euthanasia as well as rules for euthanasia practices.

Canada: In 2016, Canada enacted the "Medical Assistance in Dying" legislation, which permits euthanasia and assisted suicide in certain circumstances. Individuals must meet stringent qualifying criteria and protections to gain access to these alternatives, according to the law.

United States: Euthanasia is generally prohibited in the United States, while the legality and rules governing assisted suicide differ by state. As of September 2021, a few states in the United States, including Oregon, Washington, Montana, Vermont, California, Colorado, Hawaii, and New Mexico, had approved legislation allowing for physician-assisted suicide.

Australia: Most states in Australia declare euthanasia illegal. The state of Victoria, on the other hand, approved the Voluntary Assisted Dying Act in 2017, which went into force in 2019, allowing for physician-assisted suicide under tight parameters. Western Australia enacted similar legislation in 2019, which will take effect in 2021.

Spain: Euthanasia is prohibited in Spain. However, the Spanish Parliament adopted a measure legalizing euthanasia and assisted suicide in March 2021, with the law due to take effect in June 2021. This law permits euthanasia for those suffering from chronic and incurable conditions or unbearable pain.

Questions to Consider

1. How can we overcome the constraints that arise from the lack of standardization in the regulations of euthanasia laws?
2. What are the conditions for accommodating religious differences when resolving the issue?
3. What are the key dimensions of euthanasia that should be promoted, and how can the misuse of dimensions be resolved?
4. What fundamental changes are needed in doctors' duties and obligations regarding euthanasia?
5. Is it necessary to provide persons with lower socioeconomic positions additional consideration?

6. Is there a need to protect those with disabilities from the misuse of euthanasia?

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Discussing health security with special emphasis on anti-microbial resistance

Global public health security is defined by the World Health Organization (WHO) as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. Population increase, fast urbanization, environmental deterioration, and antimicrobial overuse are all disturbing the microbial world's homeostasis. New diseases, such as COVID-19, are appearing at an alarming rate, affecting people's health and creating social and economic consequences.

One of the top 10 global health and development threats emerging over the years is antimicrobial resistance (AMR). As stated by the WHO, AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. The root causes of AMR are misuse and overuse of antimicrobials, lack of clean water and sanitation and inadequate infection prevention, etc. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others. Without effective antimicrobials, modern medicine's success in treating infections, notably during major surgery and cancer chemotherapy, would be jeopardized.

Chemical dependence has grown, as has public awareness of potential health and environmental risks such as climate change and air pollution. As food manufacturing becomes more globalized, so does the risk of contaminated components and foodborne diseases. As the world's population becomes more mobile and economic interconnectedness grows, so do global health threats, and traditional defences at national boundaries cannot guard against disease or vector invasion. Antimicrobial resistance (AMR) is also emerging rapidly, posing a danger to the effective prevention and treatment of a growing number of infections evolving with the progressive and developmental changes in the world.

Pandemics, medical crises, and poor health systems not only destroy people but in addition pose some of the most serious threats to the world's economy and security today.

Key Terms:

1. **Antimicrobial resistance (AMR)**: The ability of microorganisms, such as bacteria, viruses, parasites, or fungi, to resist the effects of antimicrobial drugs designed to treat infections. It occurs when these microorganisms mutate or acquire resistance genes, rendering the drugs ineffective in killing or inhibiting their growth.

2. **Multidrug-Resistant Organisms (MDRO's)**: Microorganisms, particularly bacteria, that have developed resistance to multiple classes of antimicrobial drugs MDRO's pose significant challenges in clinical settings, as they limit treatment options and increase the risk of healthcare-associated infections.

3. **Stewardship**: Antimicrobial stewardship refers to coordinated efforts aimed at optimising the appropriate use of antimicrobial drugs to minimise resistance. It involves promoting judicious prescribing, ensuring proper dosage and duration, and educating healthcare professionals and the public about responsible antimicrobial use.

4. **One Health Approach**: An integrated approach that recognises the interconnection between human health, animal health, and the environment in addressing AMR and other health issues. The One Health approach emphasises collaboration and coordination across sectors, including human medicine, veterinary medicine, agriculture, and environmental health.

Major Issues of Concern:

Here are some elaborations on the global dangers of AMR:

1. **Limited and complicated treatment options:** AMR occurs when microorganisms, such as bacteria, viruses, parasites, and fungi, develop resistance to the drugs designed to kill them. This reduces the effectiveness of antimicrobial drugs. Many medical procedures,

such as surgeries, chemotherapy, and organ transplants, rely on effective antimicrobials to prevent and treat infections. If AMR renders these drugs ineffective, these procedures become riskier.

2. **Agricultural and environmental consequences**: AMR is not limited to human health; it also affects agriculture and the environment. In agriculture, the excessive use of antimicrobials in livestock and aquaculture contributes to the development and spread of resistant microorganisms.

   In the current global landscape, several dangers threaten health security. These risks are diverse and multifaceted, encompassing both traditional and emerging challenges.

   1. **Infectious Disease Outbreak**: The ongoing threat of infectious disease outbreaks remains a significant danger to health security.
   2. **Biological Weapon and Bioterrorism**: The potential use of biological weapons or bioterrorism poses a significant threat to health security.
   3. **Cybersecurity Threats**: The increasing reliance on digital technologies and interconnected systems in healthcare introduces vulnerabilities to cybersecurity threats.

Major Parties Involved:

China: Antibiotic resistance is the highest in China. China released a 2016-2020 One Health National Action Plan to contain Antimicrobial Resistance, in collaboration with 14 ministries, to provide a coherent multi-sectoral strategy to addressing this rising issue. The Chinese government has taken steps to minimize the usage of antimicrobials among hospital inpatients, with rates falling from 59.4% in 2011 to 36% in 2019.

Canada: The Government of Canada issued Antimicrobial Resistance and Use in Canada: A Federal Framework for Action in October 2014, followed by its Federal Action Plan on Antimicrobial Resistance and Use in Canada in 2015. The Framework's purpose is to safeguard Canadians from the health concerns associated with antibiotic resistance. Surveillance, stewardship, and innovation are its three pillars. The Framework details actual efforts taken by the government of Canada to decrease the threat and effects of AMR.

Columbia: Colombia's Ministry of Health and Social Protection oversaw the creation of the country's National Antimicrobial Resistance Response Plan in 2018. The plan implemented the World Health Organization's 2015 Global Action Plan on Antimicrobial Resistance in collaboration with the public agriculture sector and with changes to the country's circumstances. Colombia's Ministry of Health and Social Protection oversaw the creation of the country's National Antimicrobial Resistance Response Plan in 2018.

India: Antimicrobial resistance continues to pose a significant public health problem in India. Health authorities in India have formulated action plans for its containment. India has one of the highest rates of resistance to antimicrobial agents used both in humans and food animals. The environment, especially the water bodies, has also reported the presence of resistant organisms or their genes. Specific socio-economic and cultural factors prevalent in India make the containment of resistance more challenging.

Somalia: In the year 2020, Somalia, with support from the World Health Organisation, jointly formulated a National Action Plan to combat antimicrobial resistance. This policy was formulated after the long-overdue absence of a national regulatory body, in line with the WHO recommendation.

Past Attempts to Solve the Agenda

Their Excellencies Sheikh Hasina, Prime Minister of Bangladesh, and Mia Amor Mottley, Prime Minister of Barbados, co-chaired a UN General Assembly side event in September

2022 to discuss and address antimicrobial resistance (AMR) with Heads of Government and State, Government Ministers, and relevant stakeholders. The event provided an opportunity to call for political leadership and action on AMR ahead of the UN General Assembly High-Level Meeting in 2024. The Global Leaders Group called on G7 and G20 countries to take specific actions, such as fully funding their own AMR national action plans, contributing to the funding of multi-sectoral national action plans of resource-limited countries through support to existing financial structures, financially supporting the AMR Multi-Partner Trust Fund, and supporting financial incentives and mechanisms for the development of new antimicrobials (particularly antibiotics), vaccines, diagnostics, and diagnostic tests.

The World Health Organization additionally developed an 'Antimicrobial Resistance and the United Nations Sustainable Cooperation Framework,' which is an agreement between the UN and the host government that specifies a country's development priorities as well as the UN development system's contributions to them. A guidance for UN country teams aims to establish AMR as a higher priority on the policy and development agenda, stimulate multi-stakeholder interest, and attract funding by making the case for AMR as a development issue and component of broader issues such as One Health, UHC and health security, food systems, and planetary health.

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