

WHO - MINI BACKGROUND GUIDE



World Health Organization (WHO) · Mini Background Guide

Topic 1: Mental Health in War-Torn Areas

Topic 2: Development and Distribution of Vaccines

*Oakridge Model United Nations
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Director's Letter

My name is Renee Tung, and it is my utmost pleasure to be directing the World Health Organization (WHO) at OakridgeMUN II. I am honoured to be serving alongside your Chair, Anya Trivedi, and Assistant Director, Owen Hu. We are excited to witness a conference filled with passionate debate over the weekend.

I am currently a senior at Little Flower Academy and I have participated in Model United Nations as a delegate since my freshman year. I remembered attending my first ever conference. I was nervous but was intrigued by the heated debate and the world of international affairs. Model UN has been the highlight of my high school experience, as I gained many lessons and lifelong friendships along the way. It has helped me improve my public speaking skills, as well as confidence.

For this upcoming iteration of OakridgeMUN II, WHO will be exploring the two important topics: Mental Health in War-Conflict Zones, and Development and Distribution of Vaccines. For a long time, citizens in war-conflict zones have to face mental illness each day. According to WHO, mental illness affects 1 in every 5 people who are living in war conflict zones. Furthermore, immunizations have been known to save many lives. However, not many people have proper access to vaccines. This is why it is urgent for us to find immediate solutions to these global issues. I encourage everyone to take the time to read the backgrounder and do further research and preparation for this conference. I look forward to hearing the creative solutions all of you will be formulating.

Although position papers are not mandatory, they are highly recommended and necessary for any delegates wishing to be considered for an award. Position papers are due who@oakridgemun.com by March 12th, 11:59 PM PST.

With that being said, I welcome you with words of encouragement and wish you all the best of luck. I am confident that this conference will be memorable for all of you. If you have any questions, concerns, and position papers for this committee, please do not hesitate to email me. On behalf of the rest of your dais team, we are excited to be welcoming you to the World Health Organization (WHO) at OakridgeMUN II!

Sincerely,
Renee Tung
Director | World Health Organisation

Committee Introduction

Founded in 1948, the World Health Organization is a key body of the United Nations, and acts as an agency that specializes in international public health. The ultimate goal is to promote the well-being of global citizens in various distinct fields through many means. These fields may be multifaceted, and include the field of vaccines, the field of controlling and eradicating diseases, and the field of health sciences.

Funding comes from participating countries. Member nations must pay a set percentage of the GDP to the WHO as laid by their agreement. However, the majority of the funding stems from voluntary contributions by countries - the voluntary donations make up more than 80% of the total funding of the WHO¹.

However, the WHO is limited by “strongly recommending” its member states to act upon certain developments - it has no legal authority to actually impose obligated guidelines or administer repercussions².

The Rules of Procedure for this committee operates as a standard General Assembly, with no special rules or any deviations from the expected beginner-friendly approach.

Topic 1: Mental Health in War-Conflict Zones

According to the World Health Organization (WHO), “The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world.” Many citizens in war-conflict zones suffer from a form of mental illness. Studies have shown that women and children are more likely to be vulnerable to the psychological consequence of war, thus, more likely to have mental health conditions. War veterans often experience PTSD, with these conflict situations often destroying families socially and economically.

Most war conflict zone countries are developing countries. Developing countries often have difficulty assessing basic healthcare and facing the shortage of healthcare workers. People in developing countries are expected to have a lower life expectancy than the others. Waiting in line for healthcare treatments has caused patients to have considerable anxiety. This increases their rates of health decline and the possibility of death. In developing countries, it is hard to attract and keep workers. These countries experience poverty each day. Therefore, there is a lack of economic opportunities.

Patients in war-conflict zones face unmet healthcare needs each day since there is a lack of preventive and screening services, minimum government financial support and treatment of illnesses. Stigma arises, as mental health is often not taken seriously. Citizens in developing countries tend to mistrust the healthcare systems and they are less educated, which causes communication barriers. Many of those who are diagnosed contain severe forms of mental illnesses. These mental illnesses emphasize the long-term impact of war-induced crises in countries such as Afghanistan, Iraq, South Sudan, Syria and Yemen

Since the Second World War, many have been forced to flee war and violence. WHO has endorsed interagency mental health and psychosocial support guidelines for an effective response to emergencies recommend services at a number of levels – from basic services to clinical care. Clinical care for mental health should be provided by or under the supervision of mental health specialists, such as psychiatric nurses, psychologists or psychiatrists.

Given the large numbers of people in need and the humanitarian imperative to reduce suffering, it is important to implement immediate mental health interventions to address this ongoing issue. Action must be taken to provide mental support towards people living in war-conflict zones

Topic 2: Development and Distribution of Vaccines

As evidenced by recent events in the past year, the development and proper distribution of vaccines is of utmost importance to preserving global health. In the pre-pandemic era, immunizations prevented millions of deaths each year, and is one of the leading causes for a dramatic plunge in global mortality rates.

In our very lives today, the importance in having proper access to vaccines and having vaccines of top notch quality cannot be overstated. There is immense urgency, especially in current times, to securely provide safe vaccines with minimal compromises to all who wish to receive them. Although the short-term consequences of a lack of vaccines are hardly noticeable, they are the key to saving numerous lives in the long-run, and should be treated as such.

What accelerates this urgency may be the impact of vaccines. Nearly every global citizen is affected by the quality of vaccines. Despite some less-developed locations, such as sub-Saharan Africa, being more prone to poor vaccine quality and access, every single country has been, and will continue to be, depending on the proper development and distribution of vaccines. Historically speaking, only one disease, smallpox, has been successfully eradicated through the usage of vaccines. Regardless, an uncountable number of viruses have been brought to the brink of extinction after careful planning, funding, and development of vaccines.

Even though our world recognizes how important standard vaccines are, one of the major challenges that they face, even to this day, regards how they may be distributed. It is already incredibly difficult to source sufficient funding to rapidly develop vaccines efficiently, but it may be even more difficult to provide them to those who need it most. More specifically, many areas in the world are too rural to reach, despite these lands collectively containing hundreds of millions of people. Every single one of these people are at risk of losing their lives due to their lack of correct immunizations. Because of this key challenge, it is of paramount importance that vaccines be properly handed out.

There remains one final layer of complexity. Assuming enough vaccines have been developed, and everyone has safe access to them, how will we decide which groups to prioritize? Should we prioritize those who are oldest first, or should the younger ones receive top priority? Do we equally distribute them to all ethnic groups in the same amounts, or do we proportion the distribution based on their susceptibility to the disease? Finally, how may we combat those who *refuse* to take vaccines, and actively advocate *against* their usage?⁴

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