

Muammer Dereli Science High School
DERMUN'24

WHO STUDY GUIDE

3-4-5 May 2024

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WARNING

In the premises of this conference, delegates are presented with a “Futuristic” committee, which takes place in a fictional future world. The rules, politics and major differences between these futuristic worlds and our world are stated both in this status report and the study guide which you are reading right now. It is advised for all delegates to read both papers thoroughly, for they contain critical information and data that will be necessary for delegates to keep the committee running. We wish you a pleasant reading dear delegate, and don’t forget. The world needs you.

WELCOMING LETTERS

Letter from the Secretary General:

First of all, we would like to start our letter by sincerely greeting all our delegates who will attend our conference. We are proud to be here with the DERMUN conference that we organized for the second time this year. We hope that our conference will leave you with new perspectives, new friendships, and unforgettable memories. At DERMUN we are proud to offer a various array of committees that transcend both borders and time zones, enabling delegates to discover the perfect fit for their interests and preferred style of debate. To offer you the best experience, we have specially selected 3 Special, 2 General Assembly, and 1 JCC committee and topics in our conference with our chairboard team. These various committees will take you on a journey from World War 2 to 2047. However, we would like to remind you that DERMUN'24 does not only consist of committees and discussions; the friendships you will make there and the fun times you will have are at least as important as the academic part. These relationships extend far beyond the 3 days of the conference, where we come together to create a dynamic and inclusive community. We, the secretariat, and our entire organization team are determined to offer you the best experiences. Our excitement is fresh for our second conference; Whether you are joining DERMUN for the first time or have been a part of our journey from the very beginning, we are happy to see you among us with the same excitement.

Best wishes,

Elifsu Gülgün & Arif Kılıç.

Letter from the Chairboard

Esteemed delegates,

Salutations, we are the chair board of FWHO; Ezgi Duru Eren as your chair and Aras Balıklıkaya as your co-chair. It is an absolute honor to invite and welcome you all.

To begin, we understand that for many of you, this will be your first Model United Nations (MUN) experience. Therefore, we want to reassure you that there's no need to fear speaking up, taking action, or making mistakes. This guide serves as a starting point for your preparation, but we strongly recommend that each delegation in the F-WHO conducts further research throughout the preparation process. It's important to remember that MUN rules prohibit the promotion of individual country's political agendas. Keep in mind that the goal of this conference is to engage in constructive discussions to find solutions to our collective problems and ultimately draft a resolution.

In summary, whether you're a seasoned MUN participant or a newcomer, we eagerly anticipate bringing together each and every one of you at our school. Our aim is to provide you with an exceptional experience, where you'll have the opportunity to create lasting memories and expand your horizons. We look forward to seeing you soon!

P.S: If you have any questions, please don't hesitate to ask us.

Sincerely,

The chairboard of FWHO.

EXTRA NOTE FROM CHAIRBOARD:

This is a special request from the chairboard and the delegates are not obliged to comply with it, but it is strongly advised. The committee being both a special and a futuristic committee greatly enlarges our creative options in our decisions and acts through the sessions. So in order to use this extra creative headspace we have, it is strongly advised and asked for delegates to engage in roleplaying, so that this magnificent committee is even more fun for both seasoned and new delegates.

FUTURISTIC-WORLD HEALTH ORGANIZATION (FWHO)

1. WHO

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. It was established in 1948 and is headquartered in Geneva, Switzerland. WHO's primary objective is to ensure the attainment of the highest possible level of health by all people.

WHO's work encompasses a wide range of areas, including providing leadership on global health matters, shaping the health research agenda, setting norms and standards, providing technical support to countries, and monitoring and assessing health trends. The organization also plays a key role in coordinating responses to health emergencies and promoting universal health coverage.

WHO holds meetings regularly to discuss and address various health-related issues. These meetings serve several purposes, such as reviewing and analyzing health trends, sharing information and best practices, setting priorities for action, and making decisions on policies and strategies. The frequency of these meetings varies depending on the nature and urgency of the issues at hand.

Meetings are an essential part of WHO's work because they allow member states and other stakeholders to come together, exchange ideas, and collaborate on common goals. They provide a platform for discussing challenges, sharing experiences, and making collective decisions to improve global health outcomes and crises.

2. FUTURISTIC COMMITTEE

The Futuristic Committee is established to address a simulated crisis that could arise in the foreseeable future, as society seems to be neglecting the welfare of upcoming generations. Like any other committee, its objective is to seek peaceful and diplomatic resolutions to potential future crises. This particular committee, convened by the World Health Organization, possesses equivalent authority and obligations outlined in the United Nations Charter.

Moreover, the committee perceives itself as a peaceful forum for tackling global issues, open to collaboration with any coalition of nations aiming to mitigate challenges affecting our planet. Indeed, it views itself as a legitimate forum for adjudication and mediation between potential parties in conflict or dispute.

Delegates are tasked with addressing the situation while considering its implications for the broader international community, understanding that decisions made will carry extensive consequences in both the short and long term. Essential aspects such as humanitarian concerns and impacts on regional security must be addressed, as in any crisis scenario. The Futuristic Committee seeks a comprehensive and preferably diplomatic solution to effectively address these issues.

CHAPTER I: BACKGROUND INFORMATION

As stated in the status report (we highly advise you to read it) the committee takes place in 2047, due to the concerns of the UN on the recent re-rise of the TPV (terribilis parumis) which ravaged the world once back in 2034.

Newly formed political bodies and new ideologies being on the rise at the same certainly doesn't help with the stability of the world at the time of the meeting.

TERRIBLIS PARUMIS:

Terribilis Parumis (TPV for short) is a new variant of influenza viruses, it was discovered first in 2032 inside of human fecal matter.

At first it didn't pose much of a threat and was treated as a simple flu. But matters escalated very fast as TPV started to rapidly increase in both fatality and infection rates.

Although the mortality rate was very low in comparison to its infection rate and amount, the thing that makes TPV a global hazard is its instability. TPV has shown many signs of being prone to catastrophic mutations, and after numerous accelerated mutation testing experiments, the virus has shown mutations that are known to cause:

- | | |
|-----------------------|----------------------------|
| *Blood vomiting | *Increased Aggression |
| *Insomnia | *Slowed Cognitive Function |
| *Rapid Cell Autolysis | *Hallucinations |
| *Increased Salivation | *Anxiety |
| *Partial Paralysis | |

Currently, the symptoms mostly consist of basic flu symptoms. But unfortunately TPV already started to show increased genetic instability and is more prone than ever to mutate.

TPV is known to be carried by direct contact, saliva, coughing/sneezing, blood and even water in some extreme cases, so heavy containment procedures are set in laboratory conditions.

Currently, the general public hasn't been informed about the outbreak and TPV cases are treated as common flu. This can be catastrophic if required precautions are not taken. TPV being prone to mutation and its high transmissibility only make the situation more dire.

TPV has killed 150 million people and infected 1 billion in its debut 2032-2034 outbreak. But in the case of its revival, the current state of the world combined with its possible increase in power is a recipe for disaster.

2032-2034 OUTBREAK:

The 2032 Outbreak was a catastrophic event in human history. Not because of the lockdowns or the death tolls, it was because of the fall of an entire chunk of the world.

In the midst of the outbreak, the epicenter which was the Balkans was getting hit the hardest. UN and WHO support was insufficient due to lack of resources and the region's countries couldn't tend to their own economies, citizens and infrastructure too.

Amidst the region's critical condition, a second surge in TPV cases emerged in the Balkans out of nowhere, which was also the final blow that knocked most of the Balkans out of their feet. Governments fell one by one; Croatia, Serbia, Bosnia, Romania, Slovenia, Hungary all fell out of order in a nick of time. Soon people started raiding stores, committing crimes, vandalizing, in the end, almost the whole Balkan region fell into chaos.

Shortly after the end of the outbreak a new sovereign state was formed in the remnants of the fallen balkan region. Armed with new Socialist and Ecologic ideologies, called the United Socialist Balkan Nations (USBN).

This was one of many major effects the world faced due to the 2032 Outbreak. Other effects of the outbreak consist of:

- Major economical crashes worldwide whose effects are still being felt to this date
- Collapse of numerous key infrastructural systems due to contamination (plumbing, food, etc.)

But most importantly, emergence of a new Global movement against modern healthcare and medicine, which is led by the Socioecological country of USBN

This new movement's defenders are strictly against modern healthcare and pharmaceuticals. Causing a large sum of their members to try and practice primitive alternative medicine, which causes a large amount of the population to be weak and frail against illnesses and injuries.

United Socialist Balkan Nations

The USBN is the newest country on the world at the time of the conference, it has been formed in 2035 after the 2032 outbreak leaded by “Vladimir Kohut”

The USBN is recognized by most of the world except the USA, The Russian Federation and Japan. The Nations claim that the USBN region government has no political status and is a great threat to world healthcare and safety due to its ideologies

While the Socialism aspect of the country on one hand is a controversy in many places, their radical ecologic acts are the prominent defining features of the USBN. Their government moved on to not only ban any kind of carbon emissions inside of their borders in any context, but also managed to create a sustainable and thriving economy with ecologically planned sustainable cities, nature preservation practices and more. (Look up “Solarpunk” to get a rough idea about it)

Their accomplishments in all aspects has been a great inspiration for all of humanity, showing people that a better future was possible, thus sparking riots and rebellions all around the world that forced world governments to derive to more ecological practices.

Amongst their highly acclaimed aspects, the USBN also is the lead of a global movement that can lead to massive losses.

The USBN believes in the previously mentioned movement of anti-medication, and leads it. Banning all kinds of medication and traditional healthcare within their provinces, and their ideology didn't just contain within their borders. It quickly spread all around Europe, and then the whole world.

Currently, a sizable chunk of the world believes and practices alternate medication and nothing else, this could be detrimental in the case of widespread contamination or disease, which is what we may be face to face at the moment which makes the matters more critical than ever.

Indian-Pakistan Conflict and Radical Islamism

While seeming out of topic, the matters in the Indian region may be the key defining factor of whether we fall, or prosper as a society.

It is widely known that Pakistan and India didn't get well together in the past, while rebonding works have been initiated before, they were unfruitful mostly and their populations had a constant conflict between each other.

On 12th of May 2047 an Indian official was murdered while giving a speech to a farmer group in Pakistan, the act sparked a series of events that led to massive civil unrest to emerge between Indian and Pakistani groups. Although the two countries were usually known for their banter, this one escalated a lot further and caused a massive war to break out after the Indian Government's declaration of war on 15th of May.

The world governments and the UN decided to not be involved on the matter to prevent further escalation of the conflict, but even after the diplomatic calls to both sides to resolve the war on diplomatic ways, they were mostly ignored and the war is still going on to this date and is showing no signs of slowing down

While this being mostly a problem for other committees, there are many reasons for WHO to be involved in the matter too

One of the major examples is the lack of hygiene in the region. Pakistan and India both exceed the WHO standard for annual average PM2.5 concentration by over ten times, India having a score of 82.5 and Pakistan having the score of 85.4 by 2045. The massive air pollution contributes to a large amount of immunological problems and increased sickness. And the lack of hygiene and basic healthcare in both countries also doesn't help the situation a lot.

In the midst of all health related problems, a war breaking out between these countries caused famine, even worse lack of healthcare and medicine and further lack of hygiene. This is a recipe for disaster in the case of an outbreak, a possible region wide infectious disease causing already weakened populations to crumble.

As if all of this wasn't enough, a radical islamist group in India saw the war as a perfect opportunity to revolt, magnifying the chaos in the region.

According to many surveys by WHO volunteers in the region, almost 67% of Indians are considering leaving the region for a better chance of survival. This is an expected result of regional conflict, but unfortunately in our case, a massive wave of refugees which are very prone to disease migrating to areas with large populations could be detrimental in the case of an outbreak. Currently, this is just a possibility, but in the case of it becoming reality, we should be prepared and required precautions should be taken.

CHAPTER 2: OUTBREAK PROCEDURES

WHO has a set guideline on outbreaks which have shown great effectiveness on various outbreaks like the past TPV Outbreak and 2020 COVID-19 Outbreak:

Alert And Early Warning System:

To be able to alert the general public on an outbreak is the utmost KEY FACTOR on preventing the spread of an outbreak. For this a sufficient information and surveillance about the outbreak should be provided to WHO so that we can give the required orders.

A suspected outbreak, while threatening, can be mitigated in the amount of damage it causes even if it can't be completely eliminated from the get go, WHO has a series of procedures to investigate outbreaks and determine their threat level. It goes by:

A good investigation responds to the questions:



These basic questions are great guidelines on determining the size, urgency, danger of the situation while creating a framework on how to approach the outbreak.

There are many investigation forms for different cases. In our case, a [T1 investigation](#) is the best approach, which is the type of investigation taken for unknown diseases with unknown or changing symptoms/ways of transmission. It must be noted that the investigation forms cannot be done by a single group, and should be administered in various places in numerous amounts by different clinics/field researchers to be effective.

It shouldn't be forgotten that sometimes immediately alerting the general public about the outbreak may not be the best approach. While people's health and contribution is the most important factor in preventing the spread, a mass panic situation can only make things worse, creating civil unrest and chaos among masses, only increasing the spread.

Careful timing and delivery of the warnings is critical, a sudden [EAS Alert](#) can lead to immediate chaos, while no warnings at all can leave people oblivious to the spread, making them even more vulnerable.

It must not be forgotten also that clarity on health data and spread of disease is one of the foundations of the [International Health Regulations \(IHR\)](#), and while not announcing an outbreak can be beneficial at times. It can be detrimental in cases of wrong use.

If it is chosen by a country to announce the outbreak, required information and practices to be taken should be communicated to the public clearly and quickly, informing them about their rights, opportunities, and the support that will be given by their government will help ease the panic in the public.

Risk Assessment and Recommendations:

The World Health Organization (WHO) plays a critical role in assessing the risks posed by outbreaks and pandemics. This risk assessment process is a multi-staged approach that informs public health interventions and guides decision-making at national and international levels. Here's a detailed breakdown of how WHO conducts risk assessments for outbreaks:

1. Hazard Identification:

- a. The first step involves identifying the specific hazard or disease causing the outbreak.
- b. This includes understanding the pathogen's characteristics, such as its mode of transmission, severity of illness, and potential for mutations.

2. Exposure Assessment:

- a. This stage assesses the likelihood of people being exposed to the hazard.
- b. Factors like the outbreak's location, population demographics, and prevailing social behaviors are considered.
- c. Additionally, the assessment considers the effectiveness of existing public health measures in place.

3. Vulnerability Assessment:

- a. This step evaluates the potential consequences of the outbreak based on population vulnerability.
- b. Factors like age, underlying health conditions, access to healthcare, and socioeconomic status are considered.
- c. The assessment also considers the potential impact on essential services and infrastructure.

4. Risk Characterization:

- a. This final stage integrates the findings from the previous assessments to determine the overall risk posed by the outbreak.
- b. The risk is typically categorized based on severity (impact on health), probability (likelihood of spread), and uncertainty (availability of complete information).

Risk Assessment Outcomes:

Based on the risk assessment, WHO issues recommendations for public health interventions. These may include:

- Case identification and isolation strategies.
- Contact tracing and quarantine measures.
- Development and deployment of diagnostics and vaccines.
- Public health communication campaigns to raise awareness and promote preventive behaviors.
- Travel advice for affected areas.

Coordination And Collaboration:

While the significance of WHO is undeniable on world health involvement, an outbreak/pandemic almost always calls for added support. Thus, WHO has to keep its connections with NGOs, UN agencies, research institutions and strong.

Non-Government institutions can contribute major support, the sphere of influence regional governments have shouldn't be ignored. Collaboration and Coordination with both sides of the spectrum are necessary for the greater good.

Speaking of Coordination, WHO is tasked with the leadership of all NGOs and GOs. Countries can only handle themselves for a while until they need additional support in outbreaks/pandemics, thus requiring additional support on their side.

WHO cannot straight up order a country/organization to act upon a situation, but we can only make recommendations, which don't go unrecognized most of the time and are taken almost as seriously as orders from a higher organization in rank. These include but are not limited to:

Deciding upon whether a [PHEICs declaration](#) will be made

- Mobilizing resources such as military support, food, basic needs etc.
- Deciding upon publicization of information
- Scientific development monitoring
- Creating cabinet meetings for experts on specific matters

Communication And Public Engagement:

Also, the World Health Organization (WHO) has a range of capabilities concerning Communication and Public Engagements include:

Information Dissemination: WHO can effectively disseminate accurate and timely information to the public regarding health issues, outbreaks, and emergencies through various channels such as press releases, social media, and official statements.

Public Awareness Campaigns: WHO can launch public awareness campaigns to educate people about preventive measures, health promotion, and disease management strategies. These campaigns often utilize multimedia platforms to reach diverse audiences globally.

Collaboration and Partnerships (detailed in article 3 before!): WHO collaborates with governments, international organizations, NGOs, and the private sector to amplify its communication efforts and engage with communities more effectively. This collaborative approach enhances the reach and impact of public health messaging.

Crisis Communication: In times of emergencies or outbreaks, WHO plays a crucial role in providing clear and consistent communication to reassure the public, address concerns, and combat misinformation. Rapid dissemination of accurate information can help mitigate panic and facilitate effective response measures.

Capacity Building: WHO provides technical assistance and capacity-building support to member states in developing their communication strategies and public engagement initiatives. This includes training programs, workshops, and resource sharing to enhance communication skills and crisis readiness at the national and local levels.

Research and Evaluation: WHO conducts research and evaluation studies to assess the effectiveness of communication strategies and public engagement interventions. This evidence-based approach allows for continuous improvement and refinement of communication practices to better serve public health goals.

CHAPTER 3: International Health Regulations (IHR)

The International Health Regulations (IHR) are a set of legally binding regulations that aim to prevent, protect against, control, and respond to the international spread of diseases. These regulations are designed to ensure maximum security against the international spread of diseases with minimum interference with international traffic and trade. Here is an overview of the key aspects of the IHR:



Purpose and Scope:

The IHR were first adopted in 1969 and revised in 2005. They are intended to prevent, protect against, control, and provide a public health response to the international spread of diseases, while avoiding unnecessary interference with international traffic and trade. The regulations apply to all countries, regardless of their size, wealth, or location.

Key Principles:

Public Health Risk Management:

The IHR emphasize the importance of assessing and managing public health risks, including the identification of potential health emergencies.

National Capacity Building:

The regulations require countries to develop, strengthen, and maintain the capacity to detect, assess, notify, and respond to public health risks and emergencies.

International Cooperation:

The IHR promotes international cooperation and coordination in responding to public health risks, including the sharing of information and resources.

Notification and Reporting:

The IHR requires countries to notify the WHO of any events that may constitute a public health emergency of international concern (PHEIC). This includes events that have the potential to cross borders and require a coordinated international response.

Travel and Trade Measures:

The IHR allows countries to implement measures to prevent the spread of diseases, such as health screening at ports of entry, quarantine, and vaccination requirements. These measures must be based on scientific principles and be proportionate to the public health risk.

Coordination and Collaboration:

The IHR promotes coordination and collaboration between countries, as well as between WHO and other international organizations, in responding to public health emergencies. This includes the sharing of information, expertise, and resources.

Monitoring and Evaluation:

The IHR requires countries to regularly assess and report on their compliance with the regulations, as well as their capacity to detect, assess, notify, and respond to public health risks. WHO also conducts periodic reviews of the implementation of the IHR.

Review and Revision:

The IHR are subject to periodic review and revision to ensure that they remain relevant and effective in addressing the evolving challenges of global health security. The most recent revision of the IHR was adopted in 2005.

Questions To Be Answered:

1. What could be the consequences of a pandemic of unknown origin?
2. What Implications could be taken to minimize the effects of the virus?
3. What could be done to keep the populations calm during a crisis?
4. How should the resources at hand be distributed?
5. How much should the military be involved?
6. How much should research efforts be?
7. What precautions could be taken to keep global relations healthy and stable during a worldwide pandemic?

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