Letter from Executive Board

Prospective Delegates,

The Executive Board of the WHA being simulated at the Vedic International School in 2025 welcomes your participation in this conference. We plan to channelize our efforts in making this a big learning experience. Considering the nature of the conference, we look forward to making this more of a learning engagement while still keeping up the spirit of competition and the essence of debate. To meet such ends, we shall be formulating UN4MUN Rules of Procedure and Conduct of Business which shall be explained to you in brief prior to the first session as well as throughout the working of the committee, as and when required. We expect the debate to comprise of substantive points, logical analysis of facts and suggestions and advancement of country opinion.

To clear any contentions, the participants need not let thoughts about our expectations be a hurdle in their research or give way to any fear regarding fulfilment of their objectives. The only thing the Executive Board will put strong emphasis on, would be helping you understand the international analysis, and argumentative debating. Participants shall be tested on their knowledge and arguments, along their specific country lines and the respective ideology, over the various topics discussed in the debate and also the deliberations before choosing a particular topic.

This guide, although very comprehensive and factual, provides a basic idea of the topics likely to be argued upon and topics to be discussed in view of the committee and may vary from those of the respective delegate's ideologies. In no way is this guide to confine a participant's research. The guide consists of subjective and factual data with arguments, but this is just to make the participants understand the ways in which they must make their addresses. We do not expect this guide to serve as enough research for the topics and you to revert to us for any help with understanding or proceeding with the research, in case you have any doubts or contentions till the end of the conference.

Wishing you the very best,

WHA Executive Board

Introduction to Model United Nations

The United Nations is an international organization founded in 1945 to maintain international peace and security, develop friendly relations among nations, and promote social progress, better living standards, and human rights in 51 countries committed.

The UN has 4 main purposes:

• To keep peace throughout the world;

• To develop friendly relations among nations;

• To help nations work together to improve the lives of poor people, conquer hunger, disease, and illiteracy, and to encourage respect for each other's rights and freedoms;

• To be a centre for harmonizing the actions of nations to achieve these goals

A simulation of the United Nations is called a "model UN," and it helps to learn more about current global challenges. It is merely an effort to understand how the UN functions by using some of its operational procedures. Each participant is designated a country to represent and is referred to as a Delegate of that country in their various committees.

Research Suggestion

1. Read the agenda guide, at least 2 days prior to the conference and make a note of everything that needs to be understood. Do read the background guide

2. Google/search everything and find relating documents (UN news articles, scholarly articles) for whatever was not really understood.

3. After wholly understanding (subject to how in depth you wish to go for the research), try understanding your allotted country's perspective on the agenda.

4. Make the stance in accordance with the country's perspective on the agenda which shall also define your foreign policy (history, past actions etc.)

5. Understand the cues and hints that are given minutely in the background guide that may come handy while presentation of contentions in committee.

6. Take a good look at the mandate of council as to what you can discuss and what you can do in this council. This point is placed here, just because your knowledge base shouldn't be limited to the mandate of the council. Know everything; speak whatever the mandate allows.

7. Predict the kind of discussions and on what sub topics can they take place, thereby analysing the sub topic research you have done and prepare yourself accordingly. Make a word document and put your arguments there for better presentation in council and bring a hard copy of it to the committee.

8. Ask the Executive Board your doubts, if you have any, by means of the given email id and make sure to not disclose your allotted country, until you want to understand the policy of your country.

9. Download the United Nations charter and other relevant treaties and documents given.

10. Ask questions regarding procedure to speak something etc., if you have any, on the day of the conference.

Nature of Proof and Evidence

Documents from the following sources will be considered as credible proof for any allegations made in committee or statements that require verification:

 Reuters: Appropriate Documents and articles from News agencies will be used to corroborate or refute controversial statements made in committee.

 UN Document: Documents by all UN agencies and affiliated agencies will be considered as sufficient proof. Reports from all UN bodies including treaty-based bodies will also be accepted. (Ex- IAEA, IMF, WB)

 Government Reports: Government Reports of a given country used to corroborate an allegation on the same aforementioned country will be accepted as proof.

Introduction to WHA

During the 1945 United Nations Conference on International Organization, Szeming Sze, a delegate from China, conferred with Norwegian and Brazilian delegates on creating an international health organization under the auspices of the new United Nations. After failing to get a resolution passed on the subject, Alger Hiss, the secretary general of the conference, recommended using a declaration to establish such an organization. Sze and other delegates lobbied and a declaration passed calling for an international conference on health.

The first meeting of the World Health Assembly finished on 24 July 1948, having secured a budget of US$5 million (then GB£1,250,000) for the 1949 year. G. Brock Chisholm was appointed director-general of the WHO, having served as executive secretary and a founding member during the planning stages, while Andrija Štampar was the assembly's first president. Its first priorities were to control the spread of malaria, tuberculosis, and sexually transmitted infections, and to improve maternal and child health, nutrition, and environmental hygiene. Its first legislative act was concerning the compilation of accurate statistics on the spread and morbidity of disease.

Today, WHO is an organization of 194 Member States. The Member States elect the Director-General, who leads the organization in achieving its global health goals.

Secretariat

WHO’s Secretariat includes experts, staff, and field workers at the Geneva-based headquarters, 6 Regional Offices, and other stations located in 150+ countries around the world.

Member States

WHO works with all Member States to support them to achieve the highest standard of health for all people. Our staff working in countries advise ministries of health and other sectors on public health issues and provide support to plan, implement and monitor health programs.

World Health Assembly

The World Health Assembly is WHO's highest-level decision-making forum. Every year, delegates from all Member States convene at the World Health Assembly to set priorities and chart a course for global health progress. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland.

The World Health Organization (WHO) plays a crucial role within the United Nations (UN) system. Its functions are:

1. **Global Health Leadership**: The WHO serves as the leading authority on global health matters. It provides strategic direction, guidance, and coordination to address health-related challenges worldwide.

2. **Health Policy Development**: The WHO formulates evidence-based policies, guidelines, and strategies to promote and protect public health. It conducts research, collects data, and analyses health trends to provide member states with recommendations for effective health policies.

3. **Disease Prevention and Control**: The WHO works to prevent and control the spread of diseases globally. It monitors disease outbreaks, coordinates responses to health emergencies, and supports countries in implementing preventive measures, such as vaccination campaigns and disease surveillance.

4. **Health Systems Strengthening**: The WHO assists member states in strengthening their health systems to ensure access to quality healthcare services for all. It provides technical support, builds capacity, and promotes the development of resilient health systems.

5. **Health Advocacy and Partnerships**: The WHO advocates for health as a fundamental right and raises awareness about key health issues. It collaborates with governments, non-governmental organizations, and other stakeholders to foster partnerships and mobilize resources for global health initiatives.

6. **Normative Functions**: The WHO develops international health regulations and standards to promote health equity, safety, and quality of care. It sets guidelines for various health areas, including disease classification, pharmaceuticals, and medical technologies.

7. **Health Information and Research**: The WHO collects, analyses, and disseminates health data and information to support evidence-based decision-making. It conducts research and facilitates knowledge-sharing among member states to address health challenges effectively.

These are some of the primary roles and responsibilities of the World Health Organization within the United Nations. Its work spans a wide range of global health issues, aiming to improve health outcomes and promote well-being on a global scale.

WHO reform

WHO is reforming to be better equipped to address the increasingly complex challenges of the health of populations in the 21st century. From persisting problems to new and emerging public health threats, WHO needs to be flexible enough to respond to this evolving environment. The process of reform is Member State-driven and inclusive. Three objectives were defined at the Sixty-fourth World Health Assembly and at the Executive Board's 129th session.

- Improved health outcomes, with WHO meeting the expectations of its member states and partners in addressing global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage and financed in a way that facilitates this focus.
- Greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples.
- An organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent, and accountable.

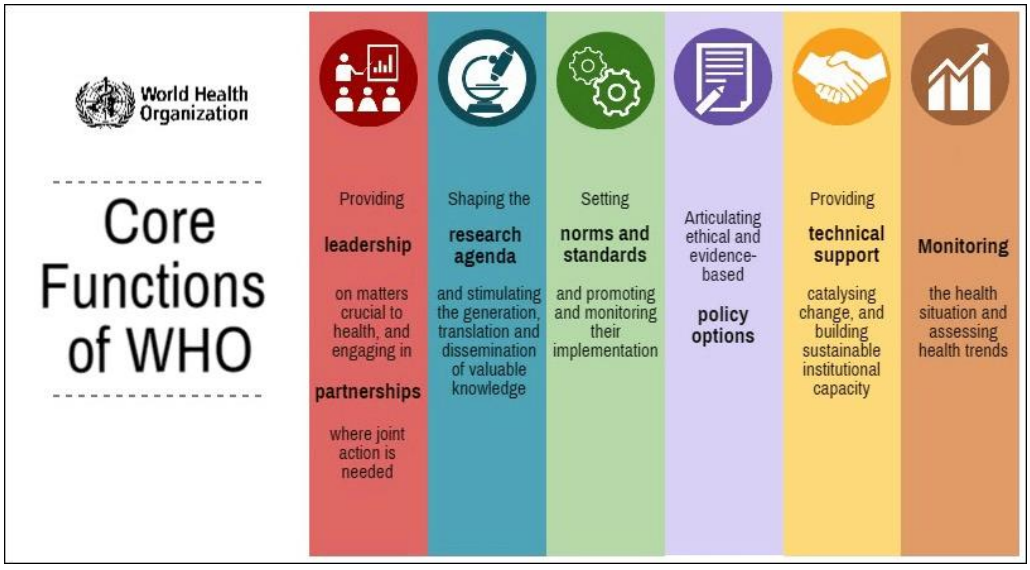
Three distinct and interconnected fields of work have emerged in line with these objectives:

1. Programmes and priority setting
2. Governance reform
3. Managerial reform

The WHO agenda

The framework in which WHO operates is getting more complicated day by day. The lines between public health and other fields that have an impact on health opportunities and outcomes have become blurred. To address these issues, WHO has a six-point plan. The six points cover two health-related goals, two strategic requirements, and two practical methods. The effect of WHO's activities on women's health and health in Africa is generally used to evaluate the organization's overall success:

1. Promoting development
2. Fostering health security
3. Strengthening health system
4. Harnessing research, information, and evidence
5. Enhancing partnerships
6. Improving performance



Agenda: Addressing the growing burden of Non-Communicable Diseases among children and youth through preventive & inclusive health strategies

Non-communicable diseases (NCDs), also known as chronic diseases, are medical conditions that are associated with long durations and slow progress. Most NCDs are non-infectious and are the result of several factors, including genetic, physiological, behavioural, and environmental factors. According to the World Health Organization (WHO), NCDs are the leading cause of death worldwide, responsible for 71% of the total number of deaths each year. The top four killers among NCDs with the highest number of deaths are cardiovascular diseases (17.9 million deaths annually), cancers (9.0 million), respiratory diseases (3.9 million), and diabetes (1.6 million).

However, the term of NCDs has been extended to cover a wide range of health problems, such as hepatic, renal, and gastroenterological diseases, endocrine, haematological, and neurological disorders, dermatological conditions, genetic disorders, trauma, mental disorders, and disabilities (e.g., blindness and deafness). The main risk factors contributing to NCDs involve unhealthy diets, physical inactivity, tobacco use, and alcohol misuse. Hence, most of these diseases are preventable as they eventually progress in early life due to lifestyle aspects. There is an increasing concern that poor diet has increased the potential risk, causing chronic diseases, and nutrition problems in the public health sector.

The life course perspective is evidence of the origin of adult NCDs, which are determined in uterus. Barker showed that maternal nutrition plays a significant role in adult diseases. He found that adapting human foetuses to a limited supply of nutrients resulted in permanent structure and metabolism changes. Subsequently, such programmed changes may have attributed to several diseases, such as heart disease, diabetes and hypertension in later life. Moreover, unborn babies are not only negatively influenced by maternal habits, such as diet, drug, stress, alcohol and tobacco consumption during pregnancy, but environmental factors, such as air pollution, also have an effect. These factors influence the foetal and early brain development, for example, a low birth weight is attributable to poor long-term health and poor cognition.

In the period of childhood, new risks of NCDs may appear due to the easy access to unhealthy food and drinks in kindergartens and schools. Thus, this leads to a high number of overweight and obese children. After that stage of life, young people in the adolescence stage can acquire new and harmful habits, such as smoking and drinking alcohol, which can significantly contribute to NCD risk.

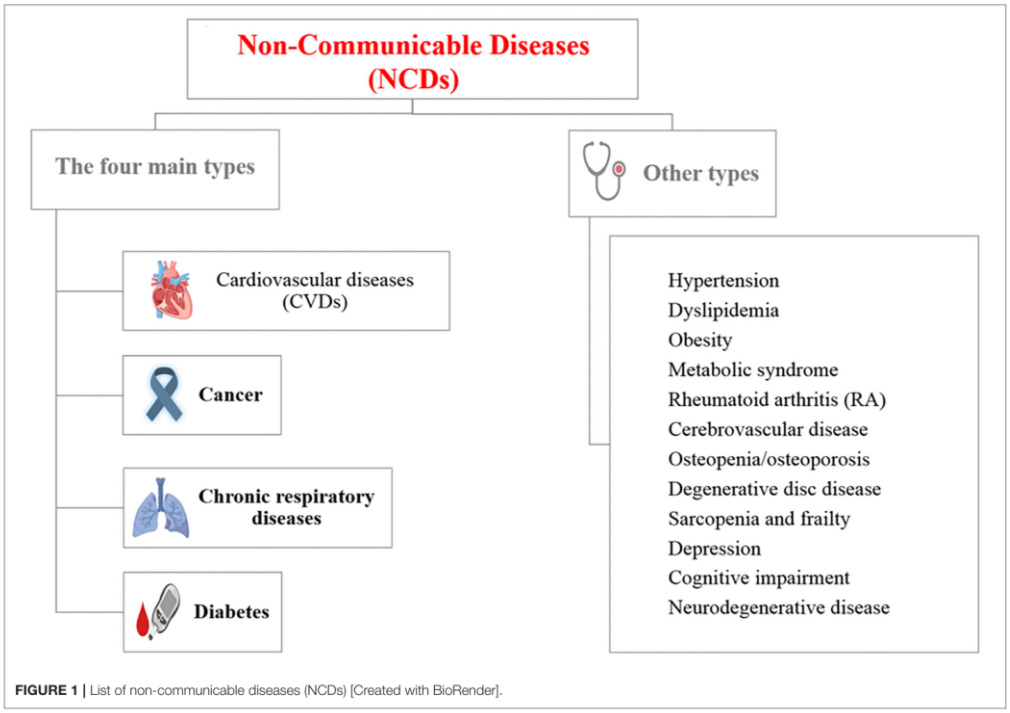


FIGURE 1 | List of non-communicable diseases (NCDs) [Created with BioRender].

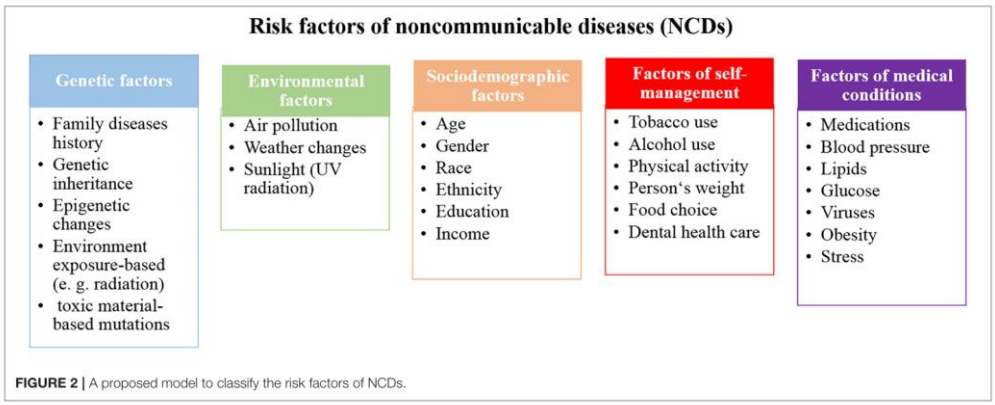


FIGURE 2 | A proposed model to classify the risk factors of NCDs.

Various dietary factors, such as meat, whole grain products, healthy dietary patterns, sugar-sweetened beverage consumption, and iron-based diets have an obvious relationship with NCDs. Additionally, the high consumption of processed meat and sugar-sweetened beverages, combined with other unhealthy lifestyle factors, such as a high body mass index (BMI), physical inactivity, and smoking have a marked association with NCDs.

KEY DISEASES

Cardiovascular Diseases (CVDs) are the leading contributors to the global burden of disease among the NCDs and account for the most deaths worldwide each year—even more than the number of deaths from cancer and chronic respiratory diseases combined. CVDs are a group of disorders that are not only related to heart conditions, such as ischaemic heart disease (IHD), stroke, congenital heart disease, coronary heart disease, cerebrovascular disease, peripheral arterial disease, and rheumatic heart disease, but also to blood vessels that involve hypertension, and conditions associated with cerebral, carotid, and peripheral circulation. While CVDs equally affect both sexes, men suffer from higher incidences than women. Still, CVDs are the leading cause of death of women in developed countries. According to the American Heart Association, there are seven key health factors and behaviours that contribute to the increasing risks of heart disease and stroke: nutrition, smoking, overweight/obesity, physical inactivity, uncontrolled blood pressure, elevated levels of cholesterol, and blood sugar.

Cancer is the main public health problem and the second main cause of death globally. Tobacco smoking is considered to be the main cause of cancer, followed by poor diets. Moreover, together, body weight and lack of physical activity are also associated with the most common cancers, including breast (postmenopausal), colon, endometrium, kidney, and oesophagus cancers. According to the WHO report of 2018, the most common cancers are lung, breast, colorectal, prostate, skin, and stomach, while the most cancer deaths are from cancer of the lung, colorectal, stomach, liver, and breast. Lung cancer, which is the most common cancer in the world, is mainly the result of smoking and the risk increases in heavy smokers.

Diabetes has attracted global attention due to its elevating prevalence and incidence. It is not only a chronic disease, but also an acutely life-threatening condition. Further, it may cause other serious diseases such as heart diseases, kidney failure, and eye damage, which may subsequently lead to blindness, and foot ulcers, which may require limb amputation. The main two types of diabetes are both lead to hyperglycaemia. In type 1, the pancreatic β-cells cannot produce a sufficient amount of insulin, while in type 2, the body cells cannot respond properly to insulin.

All NCDs are silent killers threatening health without showing any symptoms until the problem progresses to an advanced stage.

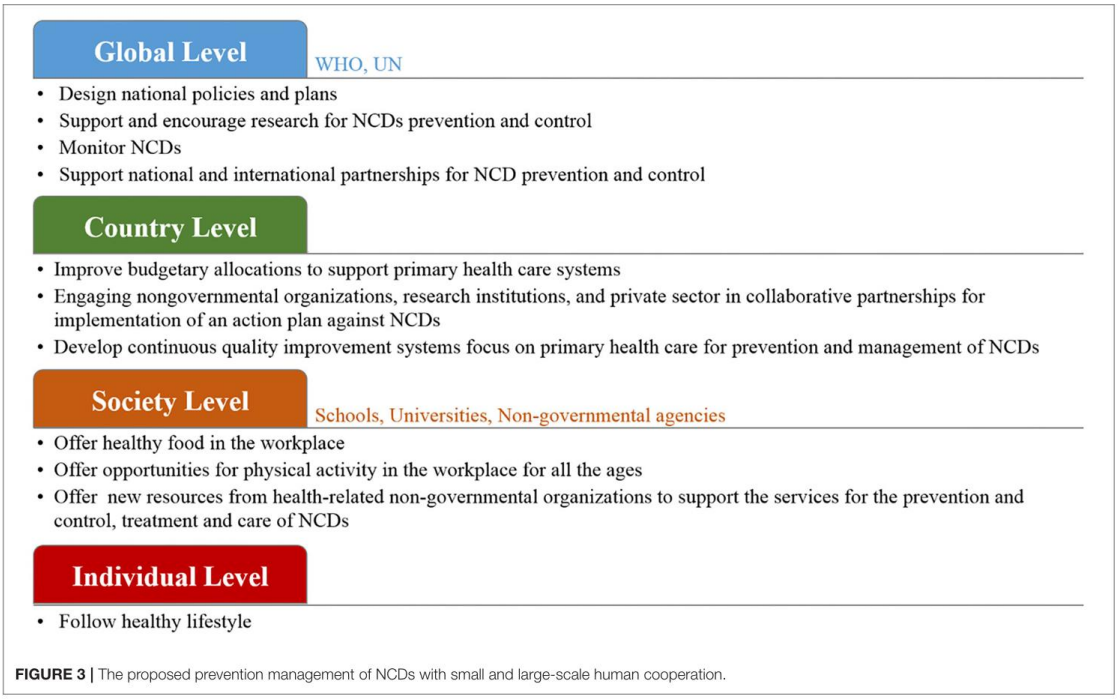


FIGURE 3 | The proposed prevention management of NCDs with small and large-scale human cooperation.

FOCUSING ON THE YOUTH

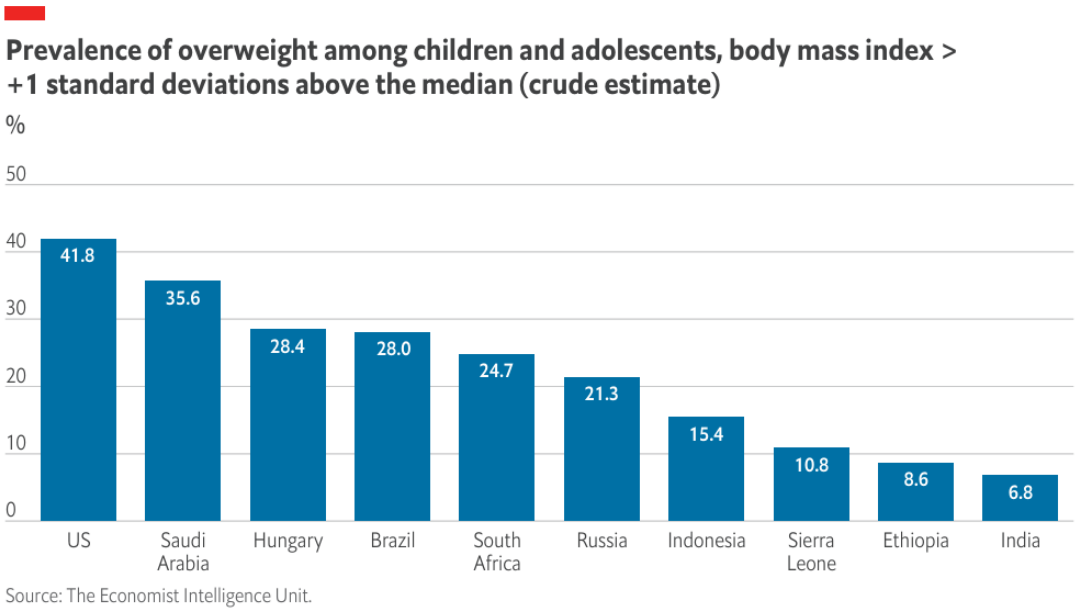
Of the world's 7.2bn people, more than 3bn are younger than 25, making them 42% of the global population. Around 1.8bn are aged between 10 and 24, according to the UN Population Fund. Yet some 3,000 adolescents die every day, with more than a million between the ages of 10-19 losing their lives in 2016 as a result of preventable causes.

The Lancet Commission on Adolescent Health and Wellbeing has highlighted the "triple dividend" to be gained from a sustained focus on the 10-24 age group, benefitting young people during their adolescent years, during adult life, and with benefits passing to future generations. Several researchers have observed that although the youth demographic covers those aged 10-24, in terms of shaping behaviour, 10-14 might be the most significant age group for many interventions. Adolescents are often seen as a healthy group; from ten onwards we often forget about their health and address it when people are already in their 30s, 40s and 50s and suffering from NCDs or one or more risk factors.

The highest adolescent death rates can be found in Africa and the Eastern Mediterranean. The main causes of death for boys aged 10-14 are road accidents, drowning and HIV/AIDS, while for girls in the same age group the main causes are HIV/AIDS, road accidents and lower respiratory infections. For those aged 15-19 the main causes are road accidents, interpersonal

violence and self-harm (boys) and maternal conditions, self-harm and road accidents (girls), respectively.

More than 150m young people smoke, 81% of adolescents do not get enough physical activity, and 11.7% of adolescents participate in heavy episodic drinking, the WHO has found. In addition, 41m children under 5, and more than 340m of those aged 5-19, were overweight or obese in 2016, making it more likely that they will carry this excess weight into later life. Indeed, the prevalence of overweight and obesity among children and adolescents aged between 5 and 19 years has risen to just over 18% in 2016, from just 4% in 1975, according to the WHO. Finland is one country that is looking to curb childhood obesity by adopting a Health in All Policies approach to mandate health promotion services and require municipalities to work across all sectors.



The harmful use of alcohol and tobacco are two of the key risk factors for NCDs, contributing to cancer, and respiratory and cardiovascular diseases. Many countries have existing programmes to target adolescent drinking and smoking. A September 2018 WHO report on adolescent alcohol-related behaviours in the WHO European region from 2002-14 found that, while alcohol use has declined among adolescents in the region, levels of consumption remain dangerously high. As far as tobacco consumption, with its 7m annual deaths a year, is concerned, just over 24m young people aged 13-15 smoked cigarettes in 2000-17, or around 7% of the total age group, according to a WHO study published in 2018. The study found that rates of smoking among boys were 9-10%, with the exception of the

Eastern Mediterranean region, where there was a prevalence rate of 7.4%. For girls, cigarette smoking rates were highest in the American and European regions, at 9.7% and 8.6%, respectively.

Further, mental health is frequently under-prioritised in many healthcare systems, and adolescent focused mental-healthcare services and practitioners are in especially short supply, even in wealthy countries. According to the WHO, mental-health conditions constitute 16% of the global burden of disease and injury in the 10-19 age group. Depression is the ninth leading cause of illness and disability among adolescents globally, while anxiety is the eighth leading cause. Suicide is the third leading cause of death in 15–19-year-olds. Even fairly well-educated adults are not well equipped to differentiate what are the normal ups and downs of adolescence and what is a mental-health condition.

SDG 3.4, which covers NCDs, makes no mention of young people, and it does not address the need to focus on prevention with this age group. Policymaking should include young people. Mechanisms to effectively and authentically engage youth advocates need to be put in place, so that they can represent the broad spectrum of their age group. The Global Action Plan for NCDs launched in 2013 had focused on four NCDs, cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, with preventable risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. This framework was subsequently expanded to a 5x5 model, including mental health and air pollution, and has focused on a strategy of investment in the Best Buys to avert the rising burden of NCDs. But it's implementation needs to be questioned. All in all, this committee has to attempt to make a contribution to highlight the scale of the problem of NCD risk factors in adolescents and track down some of the best practices that can help to address them.

LINKS

1. Frontiers | Management and Prevention Strategies for Non-communicable Diseases (NCDs) and Their Risk Factors
2. https://pmc.ncbi.nlm.nih.gov/articles/PMC4766788/
3. https://www.yhp.astrazeneca.com/content/dam/young-health/Resources/research/EIU%202019%20FINAL.PDF
4. https://www.thelancet.com/journals/lanchi/article/piis2352-4642(22)00073-6/fulltext
5. https://www.ncdchild.org/wp-content/uploads/2021/03/ncdchild_global_burden-report-2019.pdf