

Contents

Chair's Letter	3
Topic A: Water Health and Sanitation	4
Topic B: Mental Health	10

Chair's Letter

Dear delegates,

Welcome to PMUNC 2014! My name is Joyce Lee and I'm very excited to chair the World Health Organization for the duration of this conference.

A little about myself: I'm currently a sophomore at Princeton with a prospective concentration in molecular biology. On campus I'm involved with model UN, college council, the daily newspaper, cultural groups, and community service. (Feel free to ask me about any of them!) I do what I enjoy, and I enjoy what I do, and on a typical day, my top five things to do are (1) travel, (2) read, (3) eat, (4) write or (5) make lists, as you can already tell. This summer, I worked in the lab of a Princeton professor researching the genetics of *Drosophila melanogaster*, also known as fruit flies. Both science and global health are academically near and dear to my heart, and I'm hoping to pursue either graduate or medical studies after college.

For this conference, we will be focusing on two of the most pressing health issues of our generation: (1) water health and sanitation and (2) mental health. I'm looking forward to the discussion and debate on these topics, specifically the original ideas you will bring to the table and to this conference! Not only will you be addressing these issues in diverse, creative, and eloquent ways, but you will also be interacting with diverse, creative, and eloquent people from all across the country and even all around the world (special shout-out to the internationals!). I'm so excited to meet you all, and best of luck in researching and preparing for this conference!

Cheers, Joyce

Introduction

The World Health Organization

(WHO) was founded in 1948 as a special agency under the United Nations (UN).

The WHO Constitution outlines the WHO's role in the international community, and its many goals include making public health policy recommendations with regards to ethics and evidence, carrying out research and providing training and education in the field, and aiding regions-in-need with support and technical help.

There are a total of 194 member states within the World Health Organization. Any country that is part of the UN can become a member state by ratifying the WHO Constitution, and currently every UN member state is part of the WHO with the exception of Liechtenstein. Non-UN member states

can apply for UN membership and be admitted by majority vote by the World Health Assembly. Several other states and organizations are also involved in the WHO under observer status.

The World Health Assembly, the legislative body of the WHO, convenes once a year in Geneva, Switzerland.

Member states send delegations (usually health ministers) to the Assembly, and the Assembly is in charge of appointing the governing Executive Board and the Director-General. The current WHO Director-General is Dr. Margaret Chan.

In addition to the Assembly, the
WHO is also organized into six Regional
Committees: Africa, Americas, Eastern
Mediterranean, Europe, South East Asia,

¹ http://www.who.int/countries/en/

and Western Pacific.² Each region has
Regional Office Headquarters and an
elected Regional Director. The
Committees are responsible for making
specific guidelines to carry out the
Assembly's agenda and for providing
updates on its progress. The WHO also
maintains 147 country offices led by a
WHO Representative.

Currently, the leading priorities for the WHO are (1) aiding countries in achieving universal health care, (2) maintaining protocols in response to public health emergencies, (3) ensuring access and affordability of medical drugs and technology, (4) addressing the socioeconomic and environmental factors of health problems, (5) facilitating efforts to combat noncommunicable diseases and (6) fulfilling the health-related objectives listed in the UN Millennium Development Goals
(MDGs). These goals include
eradicating hunger, improving child and
maternal health, combatting HIV/AIDS
and malaria, promoting access to safe
drinking water and basic sanitation, and
making essential drugs affordable in
developing countries.

The powers of the WHO are limited in scope, mostly because the WHO's main role is in policy-making and not policy-enforcing. The responsibility of executing the policies it suggests rests on the shoulders of member states. Despite these restrictions in legal authority, the WHO has historically allowed for collaboration between member states to achieve significant public health objectives. Perhaps the most famous of its successes is the eradication of smallpox in 1980.

http://www.who.int/dg/regional_directors/en/

In 2014, the WHO has become critical in initiating, alerting, and coordinating global health efforts that aim to address both persistent and emerging public health problems. One thing the WHO prides itself on is its

ability to bridge languages and cultures, peoples and incomes, in order to ultimately improve and promote the health and well-being of everyone around the world.

Topic A: Water Health and Sanitation

As part of the MDGs created at the turn of the century, the UN pledged to bring safe drinking water and basic sanitation to millions of the world's poorest. However, in the joint report submitted by WHO and UN Children's Fund (UNICEF) entitled "Progress on Sanitation and Drinking Water" (2013), approximately 768 million around the world still lack sustainable water resources and 2.4 billion lack improved sanitation facilities. These figures are staggering, and it is this agency's goal to change this situation in the coming years ahead.

Water, as one of the most precious resources on this planet, is absolutely necessary for human survival; however, ensuring access to safe drinking water

can be a challenge. In an estimate by the U.N. Children's Fund, 768 million people around the world lack access to potable water. Furthermore, 2.4 billion people lack improved sanitation facilities that hygienically dispose of human excretion and prevents the contamination of drinking sources. Unclean drinking water coupled with inadequate sanitary facilities can result in poor hygiene and encourage the spread of water-based diseases such as cholera, malaria, and diarrheal diseases. The World Health Organization estimates that diarrheal complications were associated with 1.5 million deaths in 2012, an unacceptable number in the modern age.

The alarming problem with water health and sanitation is that poor water quality and sanitation facilities disproportionately affect specific areas and exacerbate existing social and

economic inequalities. Waterborne diseases are the second leading cause of death for children under five worldwide, with children in developing regions affected the most. Another affected subset of people are women and girls, especially those in low-income households, who carry most of the burden in retrieving safe drinking water and thus have their own educational and work opportunities limited as a result. The issue of water health and sanitation has connections to poverty, disability, and economic development. It must be understood that promoting water health and sanitation means addressing its geographical, economic, and sociocultural repercussions in addition to its known medical and public health effects.

The U.N.has been cognizant for many years of the lack of water and

sanitation, particularly in water-scarce and poor regions. The Millennium Development Goals (2000) set up specific numbers to target in improving access, but while the population without sustainable access to potable water has already been halved, the population without sustainable access to improved sanitation facilities has not and probably will not by 2015. Adding to these concerns is the issue of population growth, for existing water resources can be stressed with rapid growth and migration. Even as the U.N. looks to drafting its Post-2015 Development Agenda, water health and sanitation remains a pressing issue at the moment and in the near future.

Topic B: Mental Health

Easing the burden of mental health is rapidly becoming a top priority for public health officials, even though this mission can be complicated by challenges in diagnosis and treatment. Historically, the medical community has underestimated the prevalence and impact of psychiatric disorders due to its single-minded focus on important statistical measures for mortality rates. However, the World Health Organization's recent reports showed that while mental health has only accounted for around 1% of deaths, its global burden of disease is projected to reach 14.7% by 2020. In fact, the WHO claims that one in four people globally will experience some kind of mental illness in their lifetime. Unlike many infectious diseases, these illnesses can be widespread across age groups and geographic ranges.

Grouping psychiatric complications with more visible physical health problems and treating them accordingly are very recent medical developments. As a result, mental afflictions should be approached with an awareness of the various factors involved – biological, cognitive, and sociocultural. Mindrelated health problems can encompass well-known mental disorders such as depression and schizophrenia, but they can also result from neurodegenerative and somatic diseases like Parkinson's and cancer. More ambiguous forms of psychological distress can even go undiagnosed and untreated, often due to ignorance, fear of stigma, or inadequate resources.

On the bright side, recent emphasis placed on mental health and wellbeing has introduced changes in the way medical professionals diagnose and treat those in need. In particular, as a health and wellness topic, mental wellbeing is gradually becoming integrated in educational and medical communities. Increasingly, people are recognizing that improving mental health often means initiating changes to lifestyle and physical health. At the World Health Organization, addressing mental health issues means not only identifying and helping those in need, but also educating about and preventing such problems in the first place.