

## **MITMUNC 2012 Position Paper**

Libya has prioritized nurturing its collaboration with the World Health Organization to ensure they will continue to work together to enrich their national health policies, systems and programs to overcome potential threats to national and global health issues.

### **Topic one: Childhood hunger and Malnutrition in Developing Countries**

Malnutrition radically affects the survival and early development of children and the health of pregnant and nursing mothers. It also determines overall resistance to diseases and future performance in school and at work. Nutrition is therefore, a major health sector priority in developing countries.

The improvement of child health and nutrition of poor children has been regarded as an efficient way of improving school attendance and enhancing economic growth because learning translates into gains in long run productivity. Several of the Millennium Development Goals of the United Nations deal with child malnutrition, including the goal to halve by 2015 the number of people living with hunger. Libya is in accord with this decision of striving to reduce malnutrition.

According to a national population based survey to find out the nutritional status of children, 4.3% of the children in Libya are underweight and 20.7% are reported to have stunted growth<sup>1</sup>. These statistics are an index to the fact that malnutrition is prevalent and thriving in Libya. Food and nutritional security are foundations of a decent life, and Libya fancies overcoming the potential threat of malnutrition and hunger. However, only 1.7 percent of the Libyan land is arable and the food produced inside Libya is far from sufficient for the population. Consequently, Libya relies heavily on imports to meet its food requirements. Moreover, the 2011 conflict combined with international sanctions crippled the Libyan economy, which is highly dependent on revenues from the oil sector, consequently resulting in severe food shortages which promoted the evolution of malnutrition.

To Libya's relief, the WFP abetted Libya by providing assistance to displaced populations and vulnerable families as well as migrant workers stranded in Libya who lack access to the public food distribution systems. Libya looks forward to exterminating malnutrition, which acts as a hindrance to the economic development of not only Libya, but the whole world. Development in infrastructure will

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<sup>1</sup> Stunted growth- Stunted growth is a reduced growth rate in human development. It is a primary manifestation of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother. Once established, stunting and its effects typically become permanent. Stunted children may never regain the height lost as a result of stunting, and most children will never gain the corresponding body weight. It also leads to premature death later in life because vital organs never fully develop during childhood.

help to achieve the objective of reducing the hold of malnutrition not only in Libya, but in countries across the world. Lack of solid infrastructure leads to improper sanitation and lack of access to food, giving rise to malnutrition. It is shown that access to clean water and proper sanitation makes the child healthier by the 10<sup>th</sup> percentile. Libya has taken steps to rebuild and enhance its current infrastructure. Priority is being given to rebuilding the most war-damaged parts of the country where poverty thrives. Poverty-stricken regions are the regions concentrated with malnutrition, because people do not have the money to afford food. Moreover, investments in agriculture, such as subsidized fertilizers and seeds, should also help eradicate malnutrition because they increase food harvest and reduce food prices making food more affordable. For emergency measures, distribution of fortified foods such as peanut butter sachets and Spirulina<sup>2</sup> might be helpful. These foods have revolutionized emergency feeding in humanitarian emergencies because they can be eaten directly from the packet, do not require refrigeration, can be stored for years and, vitally, can be absorbed by extremely ill children. The United Nations World Food Conference of 1974 declared Spirulina as 'the best food for the future' and its ready harvest every 24 hours make it a potent tool to eradicate malnutrition. Additionally, supplements, such as Vitamin A capsules or Zinc tablets to cure diarrhea in children, are used. Also, giving cash or cash vouchers instead of food is a cheaper, faster, and more efficient way to deliver help to the hungry, particularly in areas where food is available but unaffordable. Libya supports The UN's World Food Program's decision of distributing cash and vouchers instead of food in some areas, which Josette Sheeran, the WFP's executive director, described as a "revolution" in food aid. These options may be a worthy investment for all nations.

## **Topic Two: Preventing the Spread of Communicable Diseases after a Natural Disaster**

Rapid and slow-onset of natural disasters such as floods, earthquakes, hurricanes and droughts occur globally every year because of adverse weather conditions or poor land use. Climate change, together with population growth and urbanisation as well as ageing populations will increase the number of disasters, change the disease pattern. Depending on their nature, duration and location, some natural disasters result in major disease outbreaks and deaths. Populations in developing countries are more disproportionately affected because of poverty, a lack of resources, poor infrastructure and inadequate disaster preparedness efforts. Communicable diseases also account for most of the reported deaths among conflict-affected populations due to displacement, malnutrition and limited access to basic needs. In addition to assessing the disease incidence and prevalence, the prevention and control of disease outbreaks require a thorough understanding of the environmental and host factors, the transmission pattern and other characteristics of causative organisms. More people are travelling more than ever worldwide; diseases and epidemics, therefore, will be more prone to spread rapidly. Communicable disease outbreaks respect no borders. Libya recognizes the seriousness of this issue and collaborates its support to work closely with not only global bodies like WHO, Inter-Agency Standing Committee (IASC) cluster and local health authorities, but also the communities particularly when planning and implementing disease control programmes and other humanitarians.

The Libyan climate is mostly dry and desert-like in nature, although some northern regions enjoy a milder Mediterranean climate. Natural hazards come in the form of hot, dry, dust-laden sirocco (known in Libya as the gibli). This is a southern wind blowing from one to four days in spring and autumn. There are also dust storms and sandstorms. The 1997 sandstorm in Libya was a catastrophe. Most of the casualties were victims of the strong winds, which also toppled trees and buildings. There are no surveillance or early detection systems to predict the onset of a sandstorm, although the WHO Immunization Profile of Libya indicates that most people are vaccinated against most communicable

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2 Spirulina – a type of nutritional supplement

diseases. Libya has yet not seen any floods in the country and hopes it continues to remain so.

Nevertheless, Libya believes in taking critical measures to help stem the spread of communicable diseases after natural disasters should Libya itself face one in the near future.

Ensuring uninterrupted provision of safe drinking-water is the most important preventive measure to be implemented following a natural disaster. Chlorine is widely available, inexpensive, easily used and effective against nearly all waterborne pathogens. Its reasonable costs allow developing countries to provide safe drinking water at low costs. Also, access to primary care is critical to prevention, early diagnosis and treatment of a wide range of diseases. Ensuring early diagnosis and treatment of diarrhoeal diseases, malaria in endemic areas, and ensuring proper wound cleaning and care would all prove to stem the growth of communicable diseases which are inevitable after a natural disaster. Promotion of health education and encouragement of good hygienic practices may also help. Rapid detection of cases of epidemic-prone diseases is essential to ensure rapid control. A surveillance/early warning system should be quickly established to detect outbreaks and monitor priority endemic diseases. Mass immunization against common diseases that are likely to spread after a natural disaster, such as cholera, typhoid and malaria would also help to staunch the spread of such communicable diseases.

To conclude, Libya calls for research into mechanisms of resistance that will help stem the growth of communicable diseases and the best method for Libya and other nations.