

NEWMUN

CHAPTER V



WHO

**background
guide**

Greetings, Delegates!

We wholeheartedly welcome you all to the World Health Organization (WHO) council of NewMUN Chapter V! We are Bryan Biju Mathews and Anjelina Maria, we are so delighted to be your chairs for the WHO council.

The two issues that will be discussed in this council are introduced in this background guide. It will give brief insight and resources for the issues at hand. But please do not limit your research to what is present here, your own research is important as well.

NOW LET'S BEGIN!

HISTORY OF WORLD HEALTH ORGANIZATION(WHO):

Global health organization was one of the topics that were investigated when diplomats gathered to create the United Nations in 1945. The WHO Constitution went into effect on April 7, 1948, which is today recognized as World Health Day.

Brazil and China recommended that an international health organization be founded and a meeting to design its constitution be held during the meeting to Establish the United Nations (UN) in San Francisco in April 1945. The UN's Economic and Social Council gave the Secretary-General a directive to call for such a meeting on February 15th, 1946 and drew up proposals for the Constitution which were presented to the International Health Conference in New York City between 19 June and 22 July 1946. Based on these proposals, the Conference drafted and adopted the Constitution of the World Health Organization, signed 22 July 1946 by representatives of 51 Members of the UN and of 10 other nations.

The Conference also established an Interim Commission to carry out specific functions of the current health institutions until the World Health Organization's Constitution became effective. WHO should be a specialized agency of the UN, according to the preamble and Article 69 of the organization's constitution. According to Article 80, the Constitution won't take effect until it has been ratified by 26 UN members. The 26th of the 61 governments to sign it ratified its signature on April 7, 1948, making the Constitution effective that day. On June 24, 1948, the first Health Assembly convened in Geneva with participation from 53 of the 55 Member States.

AGENDA 1- ADDRESSING THE GLOBAL MENTAL HEALTH ILLNESS

INTRODUCTION:

Our emotional, psychological, and social well-being are all parts of our mental health. It influences our thoughts, emotions, and behaviors. Also, it influences how we respond to stress, interact with others, and make good decisions. Every period of life, from childhood and adolescence to maturity, has significance for mental health. Both physical and mental health are crucial aspects of overall health. As an example, depression raises the danger of many different physical health issues, especially chronic diseases like diabetes, heart disease, and stroke. In the same manner, having chronic illnesses raises your likelihood of developing mental disease.

The World Health Organization defines mental health as “Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”

HISTORY WITHIN THE ISSUE:

Mental health illness has a long and complex history that dates to centuries.

Well, as to the present day, advancements in psychology and psychiatry have led to a better understanding of mental illnesses and the development of various treatment approaches. The introduction of psychoanalysis by Sigmund Freud and the discovery of psychotropic medications revolutionized the field of mental health.

Today, mental health is recognized as a complex and multifaceted issue that requires a holistic approach. Efforts are being made to reduce stigma, increase access to mental health services, and promote overall well-being.

There are several factors that have contributed to the rise of mental health in recent times. One major factor is the increasing stress and pressure from modern life. The fast-paced nature of our society, along with constant connectivity and information overload, can take a toll on our mental well-being. Additionally, societal changes such as urbanization, economic instability, and social isolation have been linked to the rise in mental health problems.

Other factors include genetic predisposition, traumatic experiences, substance abuse, and lack of access to proper mental healthcare. It's important to note that mental health issues are complex and multifaceted, and there is no one-size-fits-all explanation for their rise.

PAST ACTIONS FROM WHO:

The world health organization has taken several actions to combat the mental health crisis. One of the key initiatives is the Mental Health Gap Action Programme, which aims to scale up services for mental, neurological, and substance use disorders. WHO has also launched the Mental Health Action Plan 2013-2020, which provides a framework for countries to develop and implement policies and strategies for mental health promotion and prevention.

Additionally, WHO has been working on raising awareness about mental health through campaigns like World Mental Health Day and providing technical support to countries in developing and implementing mental health policies and programs.

AGENDA 2 – PHARMACEUTICAL PATENT ABUSE

INTRODUCTION:

Pharmaceutical patents (pharma patents) are considered into the category of chemical compounds that are useful in the treatment of diseases, formulating the compounds as medications and the specific processes for making these compounds.

Pharmaceutical patent abuse refers to certain practices within the pharmaceutical industry that can be deemed as unethical or exploitative. It generally revolves around the abuse of patent rights granted to pharmaceutical companies for their inventions or products. While patents are necessary to protect innovation and incentivize research and development, some companies have been accused of using these patents

in ways that can harm public health, stifle competition, and drive-up drug prices.

Patent abuse also occurs when pharma companies abuse the system, for the sole purpose of protecting their own monopolies and profits, which is mostly developed and done by several strategies.

A few strategies that have become increasingly common within the industry are “evergreening” and “pay -for- delay”.

Pharmaceutical patent abuse undermines the principles of fair competition, affordability of medication, and public health. It prolongs the time it takes for affordable generic drugs to enter the market and can significantly impact the access and affordability of essential medicines.

Addressing the issue requires regulatory interventions, improved transparency, and fostering a balance between patent protection and public health interests.

HISTORY WITHIN THE ISSUE:

The history of pharmaceutical patent abuse stretches back several decades and has been a subject of concern and debate among governments, healthcare organizations, and patient advocacy groups.

One prominent example of pharmaceutical patent abuse was seen in the case of the HIV/AIDS epidemic in the late 20th century. Pharmaceutical companies held exclusive patents on antiretroviral drugs, which were essential for the treatment of HIV/AIDS. These companies faced widespread criticism for pricing these drugs exorbitantly high, making them unaffordable for many patients in developing countries where the epidemic was particularly severe. This led to a global movement

advocating for access to affordable medicines, prompting discussions on the implications of patent abuse.

Overall, the history of pharmaceutical patent abuse demonstrates the complex relationship between patents, healthcare access, and affordability. While patents play a crucial role in incentivizing innovation, their misuse can have detrimental effects on patients. Efforts to address this issue involve striking a balance between protecting intellectual property rights and ensuring equitable access to life-saving medicines.

PAST ACTIONS FROM WHO:

The World Health Organization (WHO) has undertaken several actions to address pharmaceutical patent abuse and promote access to affordable medicines. Some of these actions include:

1. Encouraging the use of flexibilities in patent laws:

WHO actively promotes the use of flexibility within the TRIPS Agreement, which is an international agreement on intellectual property rights. These flexibilities, such as compulsory licensing and parallel imports, allow countries to override patents and facilitate access to affordable generic medicines.

2. Supporting the development of national patent laws:

WHO provides technical assistance to member states in developing and implementing strong patent laws that balance the need for innovation with public health interests. This support system includes guidance on aspects like patent examination, patentability criteria, and patent enforcement measures.

It is important to note that while WHO plays a critical role in addressing pharmaceutical patent abuse, the ultimate responsibility for implementing measures to regulate patent practices lies with individual countries and their respective governments.

TIPS FOR DELEGATES:

The role of a delegate can be a nerve-racking task, considering the amount of preparation, research and time that goes into the position papers, resolutions and so much more. The delegate's core responsibility is an exercise in objectivity, as all their actions must align with the nation's policy.

The material given for the two issues will just give brief insight and resources for the issues at hand.

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We are looking forward to an amazing conference with you all!

Sincere regards,

Bryan Biju Mathews, Anjelina Maria

WHO chairpersons