



Cathedral International
Model United Nations



WORLD HEALTH ORGANIZATION

STUDY GUIDE

AGENDAS:

- A. Overcoming the Widespread Cultural Apprehensions to Widespread Legitimate Vaccination Programs**
- B. Healthcare Access for Refugees and Migrants**



Letter from the Secretary-General

It is my distinct honor to welcome you to the Eighth Edition of Cathedral International Model United Nations.

It is very important to be aware of the issues the world is facing today and involving the youth of the world in these conversations to gain their perspectives on various matters. CIMUN intends to do exactly that by providing the experience of being part of the United Nations -discussing the wide range of global problems, conversing with delegates representing various countries and arriving at potential solutions.

This will help in familiarizing students with the international situation and create diplomats, politicians and journalists who ask the right questions and even discover ways to answer them, keeping in mind, a global perspective.

As the Secretary-General of CIMUN 2019, I would like to assure you that this would be a unique learning experience for you and contribute to the increase in your potential. Our hard-working Secretariat, multiple committees and their agendas and the socials will surely make this a memorable event for you.

"Everything will be alright - do you know when? When people, just people, stop thinking of the United Nations as a weird Picasso abstraction and see it as a drawing they made themselves.

So, I look forward to seeing you and probably changing the "landscape" of the world over a brief period of three days!



**Ananya Agrawal,
Secretary-General
Cathedral International Model United Nations, 2019**

Letter from the Director-General

Dear participants,

Welcoming you to the Eighth Edition of Cathedral International Model United Nations is tremendously exciting! This year things are different. It is time that we, as the future of tomorrow start looking at the world with more concern. 10 years from now this world will not be the same as it is, and as the youth of today, we are responsible for making it safer, better and more sustainable. It is our future after all right?

This year's conference strives to encourage delegates to explore the various issues that this very future that we will be living in could potentially face, through fervent debate and innovative ideas. Whether it's discoursing stronger mitigation commitments to tackle climate change or investigating defensive methods to prevent cybercrime in today's increasingly digitalized world, CIMUN is your platform to make a difference.

Delegates, journalists, chairpersons and any other stakeholder of this endeavor, it is opportunities like this MUN that help ignite the passion and concern in the hearts of people to make a difference. May you all strive to excel in your respective contribution, be it raising moderated caucuses of importance, recording the events that unfold during the committee session or guiding your committees' delegates through any difficulty.

Be prepared to change the world!



Arushi Dahiya
Director-General
Cathedral International Model United Nations, 2019

Letter from the Chair

Welcome delegates, to WHO!

In this committee, we are going to tackle severe problems that affect us right here, right now. We have carefully selected our agendas, looking into what has already been accomplished by the UN and what can be further improved upon.

I shall not speak about the agendas in detail as they will be discussed further into the study guide, but please refer to sources other than this study guide. This guide will only give you basic knowledge of the committee and agendas, which you will have to further delve into, in reference to your countries.

If you are a beginner at MUNs, worry not! Feel free to speak up during committee, as you never know when you might make a major point. You are representing a country, and while it is not a light burden, remember that the other delegates are going through the same thing.

I look forward to an exciting and dynamic MUNing experience with all of you!

In hopes of work and play.



**Mahika Mukherjee,
Chair of WHO**

Letter from the Co-chair

Delegates,

Greetings!

It's here. Just a few weeks more and we all will be in this committee putting our points forward, proving other delegates wrong and convincing other countries so that your motions, your ideology is carried forward.

Problems of refugees and those that are caused due to the Anti-Vaccine movement are issues that the World Health Organization is working on. It is, therefore, essential to know the importance of these agendas to us as they are topics of global interest and are going to affect us in one way or another.

We hope that the study guide helps you understand the agendas better and guide you through your research.

Looking forward to seeing you all support your country's foreign policies.

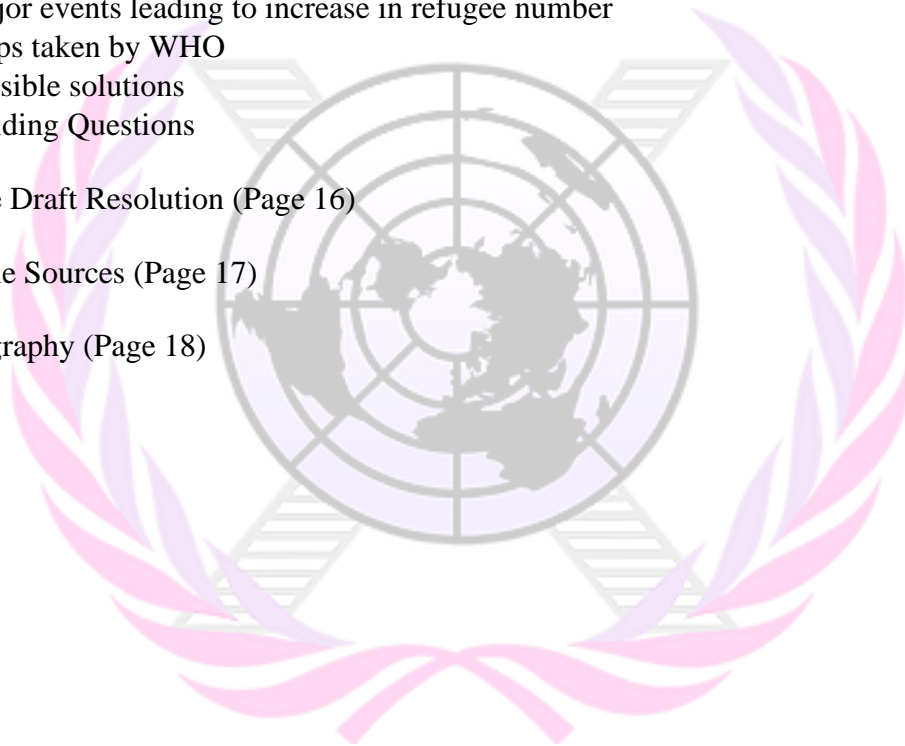
All the best!



**Mayank Gupta,
Co-chair of WHO**

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History of WHO

WHO has an immense history behind it. It is based on the League of Nation's 'Health Organization' which got carried forward into the UN. Established in 1948, the main purpose was to encourage international relations and improve worldwide health.

A motion was raised by The Brazilian and Chinese delegates to establish the health organization, which was unanimously agreed upon. The majority of work is carried out by a secretariat which is headed by the Director-general. The committee works in areas identified by an executive board and ratified by an assembly. The organization deals with health topics, as well as all health emergencies. The top priorities of WHO as of now is malaria, women's and children's health, tuberculosis, nutrition and environmental pollution. There are also newer concerns, such as HIV/AIDS, diabetes, cancer and others like Ebola or Zika virus which have come up.

Since its foundation, WHO has contributed to many achievements in the field of global health-related work. Some of them are:

- In 2006 The statistics of children passing away before the age of five decreased below 10 million, which was a major achievement at that time.
- In 2012 the WHO Members set global goals to prevent/alleviate the threat of increased rate of heart disease, diabetes, cancer, and other such diseases.
- In 2014 An outbreak of the Ebola virus disease ever took place in West Africa. The WHO Secretariat sent experts and medical equipment; they even sent foreign medical teams and created of movable treatment centers. By 2016 WHO announced zero cases of Ebola in West Africa, but a warning was issued out that the disease can relapse.
- A few others that can be named are the eradication of some deadly diseases like smallpox and rinderpest.



AGENDA A: OVERCOMING THE WIDESPREAD CULTURAL APPREHENSIONS TO WIDESPREAD LEGITIMATE VACCINATION PROGRAMS

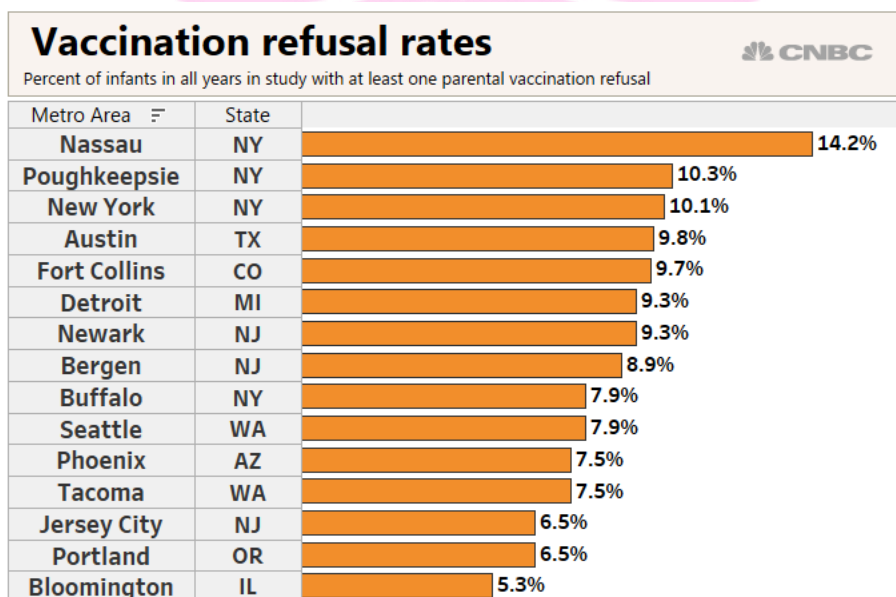
Since 2011, WHO worked on a document titled The Global Vaccine Safety Blueprint. It shows indicators, “that aim to ensure that all countries have at least a minimal capacity to ensure vaccine safety.”

Their main aim is to ensure the safety of vaccination with basic guidelines, especially in underdeveloped/developed nations with the help of major stakeholders. The Global Vaccine Safety Initiative/GVSI was set up to implement this blueprint strategy. They follow eight objectives, all of which address either matters that

relate directly to the components of vaccine pharmacovigilance or to matters that concern supporting elements that must be in place for the vaccine safety system to function effectively.

Vaccination is an important element in maintaining the immunity of populations against viral diseases. Vaccines are dead or deactivated germs which are injected into one’s body. Once the body recognizes this (harmless) ‘threat’, the body fights them off. Some of these cells that now know how to fight these germs remain in the bloodstream. Therefore, the body is now ‘immunized’ meaning the body has developed a natural immunity to this pathogen. Vaccines are safe. Despite this fact, there have been a few false claims that vaccinations are indeed harmful, and/or have harmful side-effects. The cultural hurdle this committee has to overcome is the worldwide community known as anti-vaxxers, and their movement called the “Anti-vaccine movement.” It began in France, 1763.

These people are people who undergo vaccine hesitancy which is the reluctance or refusal to vaccinate despite the availability of vaccines. They base this reluctance on the idea that vaccines give rise to various health problems, a notable one being Autism Spectrum Disorder (which has not actually been proven, and which shows very vague correlation, if any, proven in 2013 by Centers for Disease Control and Prevention)



SOURCE: BlueCross BlueShield. *Early Childhood Vaccination Trends in America, 2018*

Detailed reasons they refuse to get vaccinated are

Their belief that

1) Diseases were already on the decline before the implementation of vaccines due to better hygiene; therefore, claiming that vaccines are unnecessary and did not contribute to disease control. There was a major impact of hygiene in the alleviation of diseases as healthier diets led to healthier people, but one cannot deny the positive effects of vaccination.

2) A majority of people who contract diseases are people who vaccinate; this again hints at the uselessness of vaccines. This misunderstanding stems from people who do not get immunized, despite the vaccines. Vaccines are 98% effective, but there are cases where the person in case is not immunized- no vaccine is 100% effective.

3) Vaccines causing harmful side effects and illnesses, and can also result in death; the implications that vaccines are harmful are false, to say the least. They are actually very safe, despite the insinuations. Minor side effects such as sore arms and/or mild fever can be regulated by the intake of paracetamol, to alleviate such symptoms. Anti-vaxxers have also pointed out a correlation between the usage of Diphtheria-tetanus-pertussis (DTP) vaccine and Sudden Infant Death Syndrome (SIDS), but as it only displays correlation and not causation, this is a false assumption. In fact, after much research, it was found that

“the number of SIDS deaths temporally associated with DTP vaccination was within the range expected to occur by chance. In other words, the SIDS deaths would have occurred even if no vaccinations had been given.”

4) Vaccine-preventable diseases are almost eliminated, and therefore not prevalent. There is no need to vaccinate anymore; despite vaccination reducing these diseases to insignificant numbers, they may be prevalent in other parts of the world. Travelers' may carry this disease from their country to others, and infect the unvaccinated people. Therefore, vaccination is necessary.

5) Multiple vaccinations for different diseases lead to a higher risk of harmful side effects due to the overload of the immune system; it is, like all statements made before, false. Children are in contact with multiple antigens throughout the day. Despite this constant threat, the body manages to hold its own. In the words of the Institute of Medicine in the United States,
"In the face of these normal events, it seems unlikely that the number of separate antigens contained in childhood vaccines . . . would represent an appreciable added burden on the immune system that would be immuno-suppressive."

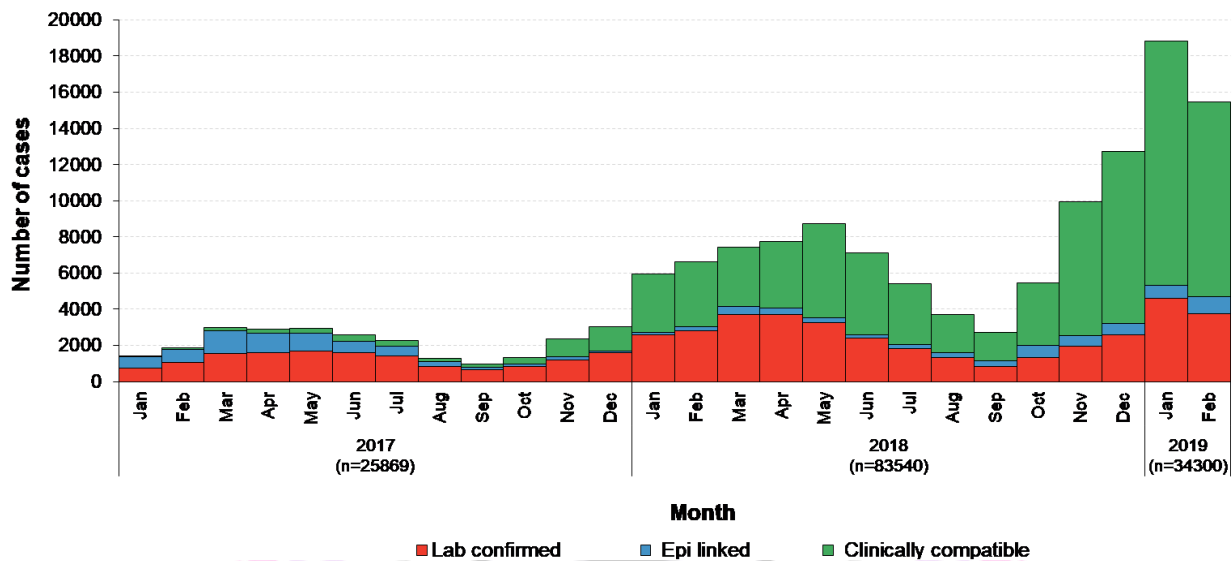
To make things direr, there is something known as the **herd effect**. This refers to a means of protecting a whole community from disease by immunizing a critical mass of its populace. As in to say, they create problems for more than just themselves but affect the health of more vulnerable people like babies, who are too young to be vaccinated.

If we were to take the committee 15 years in the past (2005), till now (2019) we can see the wide list of epidemics or outbreaks, ranging from Avian influenza to the current issues of Ebola and Measles.

Measles, which can almost always be prevented by vaccines, has shot up in various countries since 2016 and has only been increasing with incredible speed.

It has clearly affected countries like the Democratic Republic of the Congo, Tunisia, Madagascar, Australia, China, The Philippines, Republic of Korea, etcetera, excluding most European nations.

A graph showing the European region measles situation:



<https://www.who.int/csr/don/06-may-2019-measles-euro/en/>

Some countries' situations

- **France**- only 90 percent of the citizens are vaccinated, according to the Organization for Economic Co-operation and Development. There were 24,000 measles cases reported between 2008 and 2016 which led to 10 deaths.
- **Italy**- right-wing Five Star Movement (M5S) claims vaccines are unsafe, suggesting ties to autism and leukemia. 5,000 people were diagnosed with measles.
- **Ukraine**- more than 53,000 reported cases in 2018. According to UNICEF, at least 24,000 Ukrainians were diagnosed with measles in just the first two months of 2019.
- **Japan**- More than 170 measles cases diagnosed since the start of 2019. Rising anti-vax religious group is called Kyusei Shinkyō.

Possible solutions

1. **Educating anti-vaxxers;** the majority of the problems stem from the fact that these anti-vaxxers have been wrongly informed. Therefore, education is a key element in overcoming this hurdle. But to what extent are these people willing to accept facts over their own prior knowledge?
2. **Enforcing vaccinations;** countries can take measures to enforce the usage of vaccines, but this clashes with many opinions mainly due to ethicality. How can we force a member of society to take vaccines and just how ethical is it?
3. **Other methods to strengthen resistance;** mainly find other ways of immunizing the body, though there have not been any other safe, tried-and-tested methods.

To reduce mitigations

1. **Restrict travel;** as mentioned before, people can be carriers of diseases and may infect people who are not able to take vaccines themselves. To what extent can we limit the diseases to limited countries? How do we prevent carriers from infecting others? Should restricting travel be implemented more often?
2. **Discuss the possibility of detaining/isolating those infected;** as one aim is to reduce the spread of these diseases, should those infected be quarantined? If so, how, and with what funding?

Guiding Questions

- 1) How can your country prevent the carriage of diseases?
- 2) How feasible are the options of this method?
- 3) What are the other 'safe' methods for immunization?
- 4) Should certain, if not all vaccines be enforced?
- 5) How can we educate the anti-vaccine community?

“We must develop and disseminate a common single message highlighting how vaccination programs have saved millions of lives.”

-Cuevas, Minister of Health, Chile.

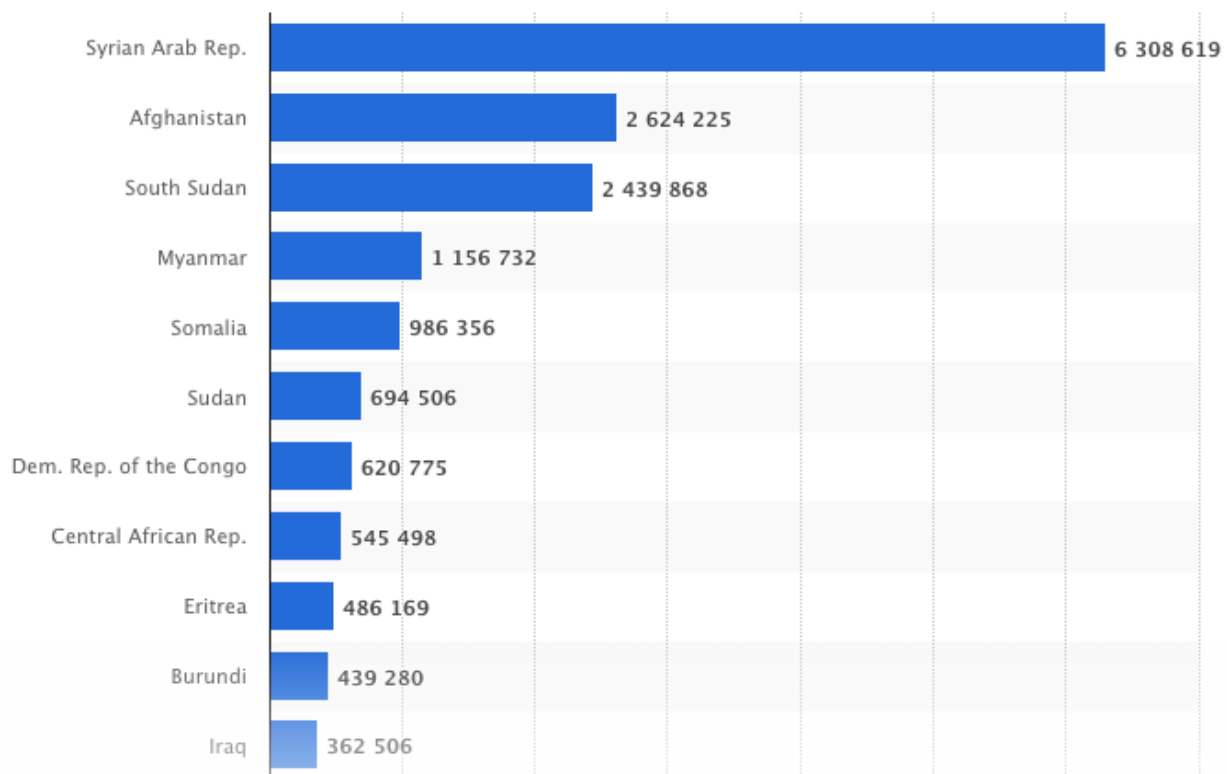


AGENDA B - HEALTHCARE ACCESS FOR REFUGEES AND MIGRANTS

The meaning of the word healthcare is the organized provision of medical care to individuals or a community. The United Nations describes health care as a ‘Human Right.’ However, this right is not yet available to refugees and migrants. This has been happening for centuries- most refugees and migrants have been denied access to proper adequate healthcare.

Both refugees (those who have been forced to leave their country in order to escape war, persecution, or natural disaster) and migrants (those who make a conscious choice to leave their country due to changing of jobs as well as other reasons) usually come from developing nations. This has proved to be terrible for them as they do not possess the knowledge to get access to healthcare. Moreover, they do not comply with organizations like the World Health Organization when they try to reach out.

This has far-reaching effects. With migration and refugee rates increasing exponentially, there is an immediate need for healthcare access to them. As of 2019, there are about 1 billion migrants in the world of whom 763 million are internal and the rest are external. Many of the international migrants have become refugees due to unstable circumstances in their country. Situations of wars and natural calamities like earthquakes, droughts and cyclones have had adverse impacts on the health of these refugees. Many of them don’t know that they need asylum and thus cannot help but watch their condition worsen. Countries that accept these refugees are either not able to or not willing to provide such refugees with medical care access.



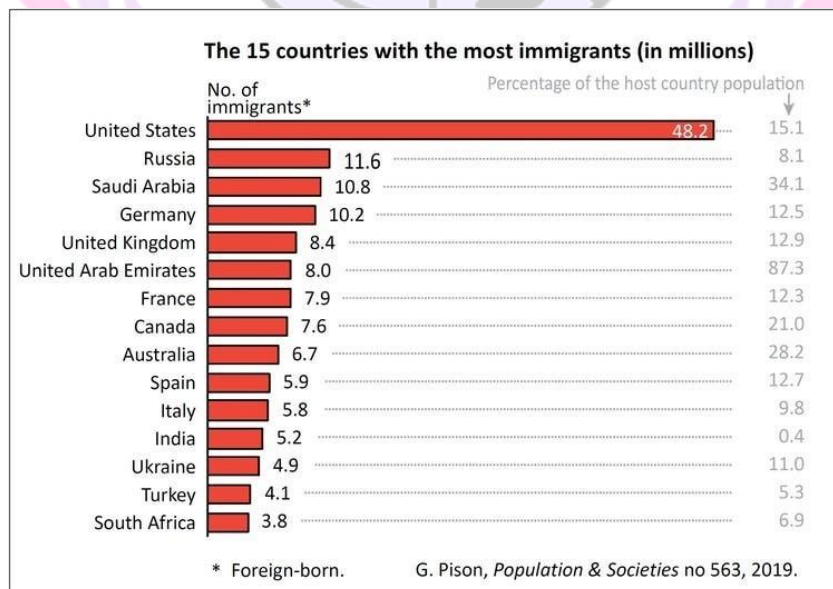
Refugees can be classified into six major types based on the reasons for their flee, their return date, their pre-refugee experiences and the situation of their refuge. They are: -

1. Anticipating refugees/displacees;
2. Semi-refugees/displacees;
3. Impelled refugees/displacees;
4. Refugees/displacees of war;
5. Expellees;
6. Ex-camp inmates' refugees/displacees

There is a very fine line between a refugee and a displacee. A refugee is a person who has been forced out of their country and a displacee is a person who has been forced out of their house. Most of the times, the ones who are displaced from their homes tend to become refugees in their neighboring countries.

Migrants, on the other hand, are those who move from one place to the other to find work, better living conditions or both. Migration, too, can be classified.

1. Internal Migration: The movement of an individual or a group of people from one part of the country to another (most probably to another state). Movement during urbanization is also a part of internal migration.
2. External Migration: The movement of an individual or a group of people from one country to another (crossing borders). It usually occurs when people want to permanently shift to another country mainly because of better economic opportunities.
3. Seasonal Migration: The movement of an individual or a group of people during different times of the year. It usually takes place because of harsh weather and is the most common among farmers and shepherds.



A country's main aim is to improve the condition of its citizens followed by immigrants. Countries like the United States of America, Canada and Germany are popular for their high number of immigrants as refugees and migrants have a tendency to enter countries where they would be able to get a better lifestyle in terms of job security and self-satisfaction. This has come to such a point that

various countries feel the need to put restrictions. For example, 14 percent of the United States of America's population is immigrants. This number increases to 27 when their US-born children are also taken into account. This has put congress under immense pressure to curb the number of immigrants as about 11 million inhabitants are undocumented immigrants - those who are unlawfully residing in the United States and those who are violating the US immigration laws. Because of the rise in the number of immigrants, the country is not able to focus on improving the lifestyle of its citizens, let alone providing healthcare to the refugees and migrants.

Another reason is finance. The country that accepts immigrants must ensure that it has the finance required to provide basic healthcare to all. A lot of times this acts as the biggest barrier as the country taking in immigrants, is under international loans and thus cannot provide for the healthcare of millions of refugees.

For such reasons, countries like the United States of America to take critical steps like building the border wall with Mexico, temporarily banning Muslims, and deporting millions of undocumented immigrants.

Major Events leading to increase in refugee number

There are estimated to be 25.9 million refugees in the world. 67% of those refugees come from countries like Syria, Afghanistan, South Sudan, Myanmar, Somalia, Sudan and the Democratic Republic of Congo. Situations of wars and natural calamities like earthquakes, droughts and cyclones have had adverse impacts on the health of these refugees. Due to such extreme situations they are going through post-traumatic stress disorder (PTSD). Many of them don't know that they need asylum and thus cannot help but watch their condition worsen. Countries that accept these refugees are either not able to or not willing to provide such refugees with medical care access. The following are the major reasons for the quick escalation in refugee numbers.

- **The Syrian civil war** that has been going on since 2011 is the biggest reason for the rise in the number of refugees worldwide. Most of these refugees have fled to countries like Lebanon and Jordan. According to a study conducted by the United Nations, 6.5 million people have been displaced within Syria and more than 3 million have fled to neighboring countries. Of all the people that fled, an extremely small number received health care, which was also not enough keeping their condition in mind.
- **Unemployment rates in Afghanistan** have been on the rise since the last few years. Reports by various organizations suggest that Afghanistan is going through exceptionally high rates of unemployment. It recently touched 25% and is still increasing.
- The **South Sudan refugee crisis** is the third biggest cause of refugees in the world after Syria and Afghanistan. The country has given rise to around 2 million refugees already of which 63 percent are under the age of 18.
- The **Rohingya refugee crisis** started off as discrimination and targeted violence in the Rakhine State, Myanmar in the year 2015. There are more than 900 thousand refugees residing in Ukhiya and Teknaf, as of 2019.
- Caused due to conditions of drought, violence and insecurity in the state of **Somalia** multiple refugees have emerged. Deaths have taken place in hundreds of thousands and three-quarters of the country's livestock has already died.

Steps taken by WHO

The World Health Organization feels that before raising the standards of health around the world, we must ensure that refugees and migrants receive high quality health care services. This is important as many diseases spread from migrants and refugees who have entered countries as there is no use in raising the level of health for only a part of the population, globally. For such reasons, WHO has worked in collaboration with its member states to develop migrant-sensitive policies.

Possible solutions

1. **Increase the number of rescue operations:** countries should understand that by sitting idly and fighting over who should save the refugees is unimportant. Instead, they should extend their hands to those who are dying because of their lack of help.
2. **Controlling the traffickers:** many refugees claim that they lose whatever they have when traffickers attack them. This is a serious problem and it is increasing. Governments could strengthen their security and make sure that none of the refugees have to face the traffickers again.
3. **Stop playing the blame-game:** refugees are being blamed by countries all over the world. Their argument is that refugees are the root-cause of all the social and economic problems that their country is facing. Such countries should understand that all of these claims are pointless as they themselves are not doing anything which is partly the cause for the problem.

Guiding Questions

- 1) Why are the superpowers not willing to help the refugees and migrants?
- 2) What has led to an increase in the number of health problems that refugees and migrants are going through?
- 3) Why is it essential for countries to provide healthcare access to refugees and migrants that enter their country?

Sample Draft Resolution:

DRAFT RESOLUTION 1.1

Sponsors: Germany, France, United States of America, Estonia

Signatories: Latvia, Czech Republic, Somalia, India, Russian Federation

Committee: Economic and Social Council

Agenda: Promoting the access and use of renewable energy with a special emphasis on the use of nuclear energy

The Economic and Social Council,

Recognizes that the energy needs of the world community are on the continued rise and the existing conventional sources of energy might not be sufficient to meet the rising needs,

1. Recommends the United Nations Development Programme to submit a report to the Economic and Social Council at the next Ministerial Review in accordance with Article 64(1), with assistance from the United Nations Statistical Division and the UN-Energy, focusing upon the following-

- a) Prospects of nuclear energy in the future with respect to its viability in terms of availability, affordability and competitiveness, with due regard to the social costs and possible risks,
- b) Possibility of energy security if in case nuclear energy is completely phased-out,
- c) Feasible alternatives in terms of sustainability, availability, affordability and competitiveness, with a special focus on renewable sources;

2. Appeals to the nations to increase the share and role of renewable sources of energy in their energy mix, while also diversifying their respective energy mix in order to make the systems more reliable and reduce investment risks, if in case the report indicates nuclear energy to be feasible;

3. Requests nations to look into and implement the technical advancements in energy infrastructure and usage suggested in the ‘Special Report on Renewable Energy Sources and Climatic Change Mitigation’ by the IPCC;
 4. Urges the nations to undertake measures for improving energy efficiency and reduce wasteful use of energy by following the 25-point strategy recommended by the International Energy.
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Credible Sources:

1. Reuters
2. Al Jazeera
3. BBC
4. All UN Websites
5. All Official Government Websites
6. WION
7. Russian Times
8. CIA World Factbook
9. Economic Times

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<https://www.amnesty.org/en/latest/campaigns/2015/10/eight-solutions-world-refugee-crisis/>

Good luck reading and researching delegates!

We look forward to productive discussion's and stimulating committee sessions to make this CIMUN 2019 memorable.

Please DO NOT limit your research to this guide, use it as a benchmark for your further research.