The World Health Organization (WHO)

Nicole Anderson, Monique Reyes

History of the WHO:

When the United Nations was being formed in 1945, some of the discussion centered around establishing a global health organization. In 1946 the International Health Conference held in New York created the constitution for the World Health Organization (WHO), that entered into force on 7 April 1948\(^1\). The constitution maintains that: health is a state of complete well-being, as well as a fundamental right of every human being, and governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures\(^2\).

The goal of the WHO is to build a better, healthier future for people all over the world. Since its founding, the WHO has been at the forefront of improving health for all people around the world. Since the nature of the challenges confronting public health are ever changing, the WHO itself must constantly evolve to meet new demands, and to adapt the ways in which they go about their work.

\(^1\) WHO Website: [http://www.who.int/about/en/](http://www.who.int/about/en/)
Current role of the committee:

The WHO works through offices in more than 150 countries, with 7000 staff, 6 regional offices, and headquarters in Geneva. Also, the WHO staff work side by side with governments and other partners to ensure the highest attainable health for all. Together, we strive to combat diseases, infectious diseases like influenza and HIV and noncommunicable ones like cancer and heart disease. We help, mothers and children survive and thrive, allowing them to live to a healthy old age. We ensure the safety of the air people breathe, the food they eat, the water they drink – and the medicines and vaccines they need.

The aim of the WHO has changed to becoming an organization that pursues a higher degree of excellence, contributes to greater coherence in global health, and achieves better health outcomes. To facilitate the new sustainable development goal for health, i.e. ensure healthy lives and promote well-being for all at all ages, the WHO has six leadership priorities to guide the organization:

Health-related Millennium Development Goals: Addressing unfinished and future challenges relating to maternal and child health; combating HIV, malaria, TB, and completing the eradication of polio and a number of neglected tropical diseases.

3 WHO Agenda: www.who.int/about/agenda/en/
WHO Member States are in the process of approving a series of new global strategies and targets, based on the best evidence available. The Secretariat is working alongside governments and other partners to implement these strategies and meet the new targets.

**Universal Health Coverage:** Enabling countries to sustain or expand access to all needed health services and financial protection and promoting universal health coverage.

WHO works with governments to promote universal health coverage to ensure that all people receive the health services they need without suffering financial hardship when paying for them. We are responding to a groundswell of demand from countries seeking practical advice on how to tailor this to their own national circumstances. One key focus is on integrating health services, and on meeting the growing desire for services that address the needs of individuals, as well as improving efficiency and value for money.

**The International Health Regulations (2005):** Ensuring that all countries can detect and respond to acute public health threats under the International Health Regulations.

WHO supports countries to prepare for and respond to all kinds of health emergencies, including disease outbreaks and humanitarian crises. When countries don’t have the resources to deal effectively with an emergency on their own, WHO works with governments and partners to coordinate the international health response including overseeing joint operational planning, developing evidence-based guidance, managing and supporting field operations and monitoring and communicating risks. And when the emergency is over, WHO helps countries to recover and rebuild their health systems, and better respond to future health emergencies.

**Increasing Access to Medical Products:** Increasing access to quality, safe, efficacious and affordable medical products (medicines, vaccines, diagnostics and other health technologies).

We promote rational procurement and prescribing of medicines, and work to improve access to safe, quality, affordable and efficacious medicines, including through the promotion of generics. Our emphasis on innovation is matched by the measures we are taking to prevent the further development and spread of antimicrobial resistance.

**Social, Economic, and Environmental Determinants:** Addressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequalities within and between countries.

This area includes our work on social health protection, disaster preparedness, setting standards in relation to environmental hazards, climate change, energy and transportation policy, food safety, nutrition, access to clean water and sanitation and many others. We also seek to increase equity both in access to health services and in improved health outcomes.

**Noncommunicable Diseases:** Addressing the challenge of noncommunicable diseases and mental health, violence and injuries and disabilities.

WHO oversees a global framework to track progress in preventing and controlling major noncommunicable diseases (NCDs). We strive to help countries reduce the health impacts of the toll of tobacco use, harmful use of alcohol, sedentary lifestyles and unhealthy diets. We also work to improve access to services to control and treat NCDs.
Your job as the committee:

It should be the aim of this committee to look at the previous work done by the WHO, and to build upon and create new and innovative language that will facilitate original solutions to the ever-changing problems the WHO faces. Countries must keep in mind that their own individual political nuances and be respectful of the wide range of countries they will be working with. The WHO has expanded since its inception, and now directs and coordinates international health within the UN on a wide variety of issues: health systems, promoting health through the life-course, noncommunicable diseases, communicable diseases, corporate services, and preparedness, surveillance and response.

Every country around the world has something to provide the public health effort. When wealthy countries step up and lend a hand to countries in need of assistance, or when countries with more medical or technological advancements bring their ideas forth, everyone benefits. Every country has something to offer; whether to teach, give, donate or to learn, accept, or incorporate. After all, this is a committee on the cooperation and coordination of public health efforts.

Today, this body has chosen to focus primarily on the issues of increasing climate-resilient water supplies in the MENA region, and addressing the global epidemic of obesity.

Resources:

- WHO Website: http://www.who.int/about/en/
- WHO Constitution: http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1
- WHO Agenda: www.who.int/about/agenda/en/
Topic 1:

Increasing climate-resilient water supplies in the MENA region

Water is essential for human life, and clean water and sanitation are a basic requirement for healthy living. Easy access to clean water and sanitation for the home, schools, and health care facilities are integral to human health and well-being; and is a prerequisite for a decent life as of 2010 when the UN General Assembly recognized the human right to water and sanitation. Everyone has the right to sufficient, continuous, safe, acceptable, physically accessible, and affordable water for personal and domestic use. Safe and readily available water is important for public health4.

Long term planning for adequate and safe water supplies should be set in the context of growing uncertainties caused by the changes in the climate and environment. To ensure the sustainable availability of clean water, water supply systems must be resilient to both the current levels of climatic variability and future change. There is a need to improve the climate resilience of water supply services to cater for extreme weather conditions, increasing resource stresses, and ensuring water quality and quantity issues5. Contaminated water and poor sanitation are linked with the transmission of diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid, and polio6.

Every country on every continent is affected by climate change, and to address this issue countries adopted the Paris Agreement on 12 December 20157. However, changing weather patterns, rising sea levels, and more extreme weather events still affect the social and environmental determinants of health i.e. clean air, safe drinking water, sufficient food, and secure shelter8. Areas with weak health infrastructure, particularly developing countries will be the least able to cope without assistance to prepare and respond. Although all populations are at risk, some are more vulnerable than others. In the Middle East and North Africa (MENA) region where water access, consumption, desalinization, and infrastructure are already areas in need of improvement9;

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6 WHO Drinking-Water Factsheet
8 WHO: Climate Change and Health Factsheet: http://www.who.int/mediacentre/factsheets/fs266/en/
climate change has exacerbated their risk of extreme floods and storms, to increased risks of water-borne and food-borne infectious disease, to sea-level rise threatening healthcare facilities, mainly situated in coastal areas.

Absent, inadequate, or inappropriately managed water and sanitation services expose individuals to preventable health risks.\(^\text{11}\) As the leading authority on public health and water quality, the WHO leads global efforts to prevent the transmission of waterborne disease, advising governments on the development of health-based targets and regulations. The WHO publishes water quality guidelines on drinking-water, safe use of wastewater, and safe recreational water environments; all of which are based on managing risks.

These plans also promote Water Safety Plans (WSPs) to identify and prevent risks before water is contaminated. WSPs are a proactive and comprehensive risk assessment and management approach to ensure the safety and security of drinking-water supplies, and to provide a valuable framework to address these issues. The WHO Guidelines for drinking-water quality recommends water safety planning, and the WHO/International Water Association\(^\text{12}\) (IWA) water safety plan manual notes that ensuring safe water must consider: the potential for flood damage, sufficiency of source water and alternative supplies, availability and reliability of power supplies, the quality of treatment chemicals and materials, training programs, the availability of trained staff, service reservoir cleaning, knowledge of the distribution system, security, emergency procedures, reliability of communication systems and availability of

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\(^\text{11}\) WHO Drinking-Water Factsheet

\(^\text{12}\) International Water Association: http://www.iwa-network.org/
laboratory facilities all requiring risk assessment\textsuperscript{13}. The principles and practice of water safety planning, requires risks to drinking-water safety and security are identified, prioritized, and managed before problems occur; which is why we must address climate change.

The 3 components of a water safety plan

\begin{itemize}
\item System Assessment
\item Monitoring
\item Management and Communications
\end{itemize}

The 4 Stages of drinking water supply

\begin{itemize}
\item Water Resources & Sources
\item Treatment
\item Distribution System
\item Consumer System
\end{itemize}

Success will be achieved when national health agencies have clear guidance on the approaches and interventions that will have the greatest and most sustainable impact in protecting health from climate-related risks, and enough financial resources and the political will to implement them are mobilized.

**Key Questions:**

1. How can my country contribute to increasing climate-resilient water supplies and sanitation? (laws, programs, treaties, IGOs, NGOs)
2. Are there existing frameworks and initiatives that can be applied to the MENA region?
3. How can my country and the WHO as a whole negotiate assistance with international bodies?
4. How can the WHO work to inform and engage the world in climate-resilient water safety plans?

\textsuperscript{13} WHO Document “Climate-Resilient Water Safety Plans”
\textsuperscript{14} WHO “Health Through Water” http://www.who.int/wsportal/en/
Resources:

- UN Water Facts: http://www.unwater.org/water-facts/
- WHO: Climate Change and Health Factsheet: http://www.who.int/mediacentre/factsheets/fs266/en/
- The Middle Easterner “The Thirst is Real: Water Scarcity and Solutions in the Middle East”: http://www.middleeasterner.net/blog/2015/2/9/the-thirst-is-real-water-scarcity-and-solutions-in-the-middle-east
- WHO Countries: http://www.who.int/countries/en/
**Topic 2:**

**Addressing the global epidemic of obesity**

Children are the future. In order to ensure that the children of today are offered the same opportunities to live the lives that they wish free of physical or mental deterioration, we as a global community must protect them from unjust harm.

Since 1975 the weight of children around the world has nearly tripled. Within the foreseeable future if the global community continues the same trends there will be more overweight or obese children than not by 2022\(^\text{15}\). The World Health Organization (WHO) defines obesity and overweight as, “The accumulation of excessive fat that may impair one’s health.” The trends of obesity or overweight increase among adults. The excessive accumulation of unhealthy fats is one of the biggest noncommunicable diseases that threatens the stability of our societies on a global level.

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\(^{15}\) Independent “Tackling Childhood Obesity is About More Than Just Diet and Exercise”: http://www.independent.co.uk/voices/childhood-obesity-diet-exercise-apps-a8015741.html

\(^{16}\) WHO Report on the Commission on Ending Childhood Obesity Final Report: http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1&ua=1
Since 2016 more than 41 million children over the age of five surpassed their expected Body Mass Index (BMI). BMI is defined as, “(An) index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).” Although it is difficult to establish a concert BMI for developing children since they their bodies undergo frequent change, it is clear that millions of children are too large for their bodies. Obesity has been labeled as a global health epidemic due to its long-lasting affects that alters the lives of both members of developing and developed nations. Now more than ever children are feeling the backlash of growing up in homes where proper nutrition and exercise are not the main priority. Globally rates of obesity among children who range from the age of five to nineteen have gone from 11 million in 1975 to 124 million in 2016.

Children who are overweight or obese are more likely to have type 2 diabetes, and breathing problems such as sleep apnea, or joint pain. Lastly, along with decreasing physical health due to excessive weight comes mental and emotional, obese children are more likely to experience anxiety, depression, and other social issues such as bullying. The likelihood of experiencing health risks increase as the child continues into adulthood with the same unsound patterns, “(Obesity is) one of the most stigmatizing and least socially acceptable conditions in childhood.” The health risks that have been traditionally labeled as mainly adult diseases are now making their way into the lives of little ones.

Children who experience the health risks associated with weight are more likely to see an interruption in their studies as they have to stay home due to being chronically ill. Continued interruptions within a child’s schooling can lead to future risks of underperforming and falling behind their peers. Furthermore, obese or overweight children are less likely to feel comfortable in their own skin hence in most cases preventing them from fully engaging with their peers in both academic and social settings. Poor school attendance due to health issues also causes an interruption in their socialization since they miss the opportunity to engage with their peers or teachers.

Obesity is a preventable disease. Exercise and a balanced lifestyle are known to improve the overall health of an individual both physically and mentally. However, as children become older they begin to fall further behind the recommended 150 mins of physical activity. In addition, as children become older females are less likely than their male counterparts to be active:

“Participation in 150 minutes of moderate-intensive aerobic physical activity each week (or equivalent) is estimated to reduce the risk of ischaemic heart disease by approximately 30%, the risk of diabetes by 27%, and the risk of breast and colon cancer by 21–25% (WHO).”

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The accumulation of unhealthy excessive fat threatens to jeopardize the future of our children. Therefore, the WHO must focus on slowing down the epidemic of childhood obesity.

The right to a healthy life is a human right that children are being denied. Education is a necessity along with socialization but if children are too large to participate in any of these fields their continued growth and our development globally will be severely impacted. As a principle WHO recognizes, “(That) the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The WHO passed resolution WHA55.23 in May 2004, also known as the Global Strategy on Diet, Physical Activity, and Health, detailing steps to effect change on the epidemic of obesity. The resolution touches upon key recommendations such as: governments should provide accurate information to their citizens, schools should promote the adoption of healthier habits, and states that the reduction of noncommunicable diseases such as obesity could promote more environmentally friendly policies. The WHO Commission on Ending Childhood Obesity also touched upon six key areas of action to consider when combating obesity:

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20 WHO Report on the Commission on Ending Childhood Obesity Final Report
As a global community, we can make this epidemic a priority. Our most valuable and vulnerable members of society look to us to implement change that will help guide them until they become mature members of our societies.

Key Questions:

1. What shifts can be made in both developed and developing countries to encourage the decrease of excessive fat that threatens the overall well-being of children?
2. What recommendations can governments implement that would better inform the public of the risks associated with overly consuming unnecessary calories?
3. How can the innovations within the 21st century help engage children and parents to incorporate healthier habits into their lives?
4. How can government and social policies help combat the disease that is obesity?
5. How can developing and developed countries incorporate cost efficient remedies in order to alleviate the burden of switching to healthier options for their citizens?

Resources:

- WHO Global Strategy on Diet, Physical Activity and Health: http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf?ua=1
- WHO Obesity and Overweight Factsheet: http://www.who.int/mediacentre/factsheets/fs311/en/
- WHO “Controlling the Global Obesity Epidemic”: www.who.int/nutrition/topics/obesity/en/
- WHO 63rd World Health Assembly Agenda: http://www.who.int/about/collaborations/non-state-actors/partnerships-63rd-wha-agenda-item-18-1-21-may-2010.pdf?ua=1