**Kennesaw State University High School Model United Nations**

**World Health Organization**

**March 1st – 2nd, 2024 Kennesaw, GA**

**Email: ksuhsmun2024@gmail.com**

*Delegates,*

 It is my pleasure to welcome you all to the 2024 Kennesaw State University High School Model United Nations Conference. My name is Kaan Cubukcu and I am the Director for the World Health Organization. I am a fifth-year Political Science major here at KSU, and this is my sixth year on staff in HSMUN. For those of you that have attended the previous years you may recognize me from past committees where I was your Director before, or from last year when I was the Secretary-General for the 2023 conference. My family and I emigrated from Turkey to the U.S. in 2006; after attending an exchange trip to Germany in high school, participating in my high school's Mock Trial team, and being a Mayor Pro-Tem for the Sugar Hill Youth Council, I became convinced of my desire to work in politics and international affairs. I have since clocked several years of participation in this program as well as several internships with groups and firms like the Turkish Coalition of America and LB Int. Solutions. I look forward to meeting you all in committee and hearing your arguments for potential solutions. It is my pleasure to cap off my collegiate Model UN experience as your Director for the World Health Organization.

With me is my Assistant Director, Colin Lemaistre. He is a Freshman at Kennesaw State, and he is majoring in International Affairs and minoring in French to connect with his paternal heritage. He was born in Georgia and lived here his whole life, although his father is a French immigrant, making him a second generation student. Even though his high school did not have a Model UN program, and this is his first year participating, he has had the privilege of attending the SRMUN Atlanta conference in November, and will likely be attending SRMUN Charlotte in March. He enjoys spending time with his friends and working out. He is honored to be your AD for the WHO, looking forward to meeting all of you, and is very excited for this conference. Good luck!

**The topics under discussion for the World Health Organization are:**

**I: Managing Global Conflicts in the Modern Age**

**II:**  **Addressing Mental Health in Conflict and Post Conflict Settings**

Each Member State’s delegation within this committee is expected to submit a position paper which covers both of the agenda topics. A position paper is a short essay describing your Member State’s history and position on the issues at hand. There are three key parts to any successful position paper: history, the current status of the issue, and possible solutions for the future. Information for properly formatting the position papers, as well as valuable advice for writing a quality paper, can be found in the [Delegate Preparation](https://conference.kennesaw.edu/hsmun/delegate-preparation.php) section of the HSMUN webpage. Delegates are reminded that papers should be no longer than two pages in length with titles in size 12 and text in size 10-12 Times New Roman. Citations should be footnoted in Chicago style formatting, such as those used inside this guide. Furthermore, plagiarism in an academic setting is unacceptable and will nullify any score for the paper in question. During the grading process, we will be utilizing the university’s plagiarism checker. Wikipedia is a wonderful place to begin researching, but we highly encourage the use of peer-reviewed academic articles or trusted media sources. The objective of a position paper is to present the diplomatic position of your Member State on both agenda topics as accurately as possible. ***All position papers MUST be sent to ksuhsmun2024@gmail.com by February 24th. Late papers will be accepted until February 28th with points penalized.***

**History of the World Health Organization**

The World Health Organization (WHO) was established on April 7, 1948, composed of 193 Member States and headquartered in Geneva, Switzerland.[[1]](#footnote-0) The organization’s role is to serve as the “authority for health within the United Nations system,” and furthermore provide “leadership on global health matters, shaping the health research agenda, setting norms and standards, articulate evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.” In order to fulfill this mission, the organization is governed by the World Health Assembly (WHA), an Executive Committee, and a Secretariat.[[2]](#footnote-1) The WHA is the “supreme decision-making body” for the WHO, and as such, ensures activities of the organization are in line with the ultimate objective of the organization, which is to ensure “all people achieve the highest possible standards of health”.

Its initial priorities were malaria, tuberculosis, venereal disease, and other communicable diseases, plus women and children’s health, nutrition and sanitation, some of which you will also address during topic two of this conference. From the start, it worked with Member States to identify and address public health issues, support health research, issue guidelines, and classifies diseases. In addition to governments, WHO coordinated with other UN agencies, donors, non-governmental organizations (NGOs) and the private sector. Investigating and managing disease outbreaks was the responsibility of each individual country, although, under the International Health Regulations, governments were expected to report cases of contagious diseases such as plague, cholera and yellow fever.[[3]](#footnote-2)

Current objectives of the WHO are laid out in a “Six-Point Agenda” aimed at responding to the challenges of an “increasingly complex and rapidly changing landscape” of global public health. The points on the agenda are: (1) promoting development; (2) fostering health security; (3) strengthening health systems; (4) harnessing research, information and evidence; (5) enhancing partnerships; and (6) improving performance.[[4]](#footnote-3) The work encompassed by those priorities is spread across a number of health-related areas. For example, WHO has established a codified set of international sanitary regulations designed to standardize quarantine measures without interfering unnecessarily with trade and air travel across national boundaries. WHO also keeps Member States informed of the latest developments in cancer research, drug development, disease prevention, control of drug addiction, vaccine use, and health hazards of chemicals and other substances. The overall objectives of the WHO in achieving its agenda are measured by the impact of its work on two specific issues: women’s health and health in Africa. The 63rd session of the World Health Assembly was held from May 17 – 21, 2010 and focused on public health issues ranging from monitoring the achievement of health-related Millennium Development Goals (MDGs) to the implementation of the International Health Regulations to developing strategies to reduce the harmful use of alcohol. Resolutions on these and many other issues, including regional concerns were adopted based largely on consensus prior to the end of the session.[[5]](#footnote-4)

 In 2014, WHO produced the Twelfth General program of Work, which highlights the areas identified and agreed on by representatives from the Member States. Priorities for the Twelfth General program of Work include: providing guidance to the Member States seeking to develop or expand universal health coverage, the coordination of a multi-level and multisector response to the increase in Non-Communicable Diseases (NCD), and the achievement of health-related Millennium Development Goals (MDGs). The areas identified in the Twelfth General program of Work will guide the organization and its actions through 2019, at which point a new program of Work will be issued. The current program of Work provides the opportunity for further dialogue within the Organization. The WHO, as the preeminent health-related body in the UN System, is in a unique position to address new challenges such as globalization and the impact on global health, and the increase in NCD and their impact on developing economies. [[6]](#footnote-5)

1. **Managing Global Pandemics in the Modern Age**

***Introduction***

As the tendrils of globalization intertwine nations, the specter of global pandemics looms larger, bringing forth challenges that transcend borders and demand a unified front. The modern age, marked by technological advancements and international mobility, has heightened our vulnerability to widespread health crises. The COVID-19 pandemic, a stark reminder of our interconnectedness, has underscored the urgency of managing pandemics proactively and equitably. The lack of modern sanitation leads to more strenuous conditions. Disease and illnesses can originate from inadequate sanitation practices, which places a number of people at risk.

 ***History***

The historical management of global pandemics begins with the recognition of the catastrophic Spanish Flu of 1918-1919, which caused an estimated 50 million deaths worldwide and remains the deadliest pandemic in modern history​​.[[7]](#footnote-6) This event highlighted the need for improved public health measures and the development of vaccines. In the 20th century, scientific advancements led to the development and widespread distribution of vaccines, significantly reducing the prevalence of diseases like cholera, diphtheria, pertussis, polio, smallpox, tuberculosis, and typhoid​​.[[8]](#footnote-7) Despite these successes, challenges remained, as seen with polio, where eradication efforts faced setbacks due to vaccine suspensions and persisting virus transmission in certain regions​​.

The emergence of HIV/AIDS in the 1980s presented a different set of challenges, with the disease's spread being influenced by behavioral and social factors.[[9]](#footnote-8) The response to HIV/AIDS included the development of new drug regimens and prevention strategies, leading to a decrease in infection rates in some areas and the management of the disease as a chronic condition​​. The threat of influenza pandemics has been a constant concern. The history of influenza includes several pandemics, such as the Russian flu (1889-1890) and the Asian flu (1957-1958), which caused significant mortality but did not disrupt the secular trend of declining mortality.[[10]](#footnote-9) However, the possibility of a highly pathogenic avian influenza, such as H5N1, developing into a pandemic has been a concern for epidemiologists due to the frequency of influenza pandemics and the increasing global interconnectedness​​. The late 1990s and early 2000s saw new concerns arise with the emergence of new pathogens like SARS and the re-emergence of avian influenza viruses, leading to heightened global health surveillance and preparedness efforts.[[11]](#footnote-10) These events showed the need for a rapid response to emerging infectious diseases and the importance of global cooperation in managing pandemics​​.

In the wake of these challenges, the early 21st century has seen a focus on preparedness, with the World Health Organization and other international bodies emphasizing the need for global cooperation in vaccine development, distribution, and the strengthening of public health systems to prevent and respond to pandemics effectively​​. The COVID-19 pandemic has served as the latest test of global pandemic preparedness and response, revealing gaps in international cooperation, resource allocation, and healthcare infrastructure. The lessons learned from this and previous pandemics are critical for informing future strategies to manage the ever-present threat of global infectious disease outbreaks.

***Conclusion***

The historical trajectory of global pandemic management reflects a continuous struggle against evolving infectious diseases. The stark reality of past pandemics, notably the Spanish Flu, has instilled the importance of preparedness, early detection, and response. Recent experiences, particularly with HIV/AIDS and COVID-19, underscore the critical need for robust global health systems, equitable access to medical advancements, and international cooperation. The enduring lesson is that managing pandemics is an ongoing process that requires constant vigilance, innovation, and global solidarity. As we move forward, the collective knowledge gained from these challenges will be instrumental in shaping more effective and resilient public health strategies for the future.

***Current Situation***

 The dire situation of sanitation inadequacy looms as a pressing challenge, with 126 countries off the trajectory to secure sustainable and reliable sanitation by the 2030 target set by the Sustainable Development Goals (SDGs). At the current pace, which lags far behind initial predictions, universal access to essential sanitation practices may elude us until the 22nd century. This lag not only hampers healthcare and magnifies environmental concerns but also hinders economic productivity due to the intertwined nature of sanitation with economic and educational outcomes. Facing this grim forecast, it becomes imperative for the international community to devise long-term, realistic strategies that address the unique needs of the Global South. The urgency is not just to meet but to accelerate progress, requiring a multipronged approach that includes robust funding mechanisms, precise budget allocations, and efficient execution of sanitation projects. Drawing from past WHO strategies, the focus must be on empowering Member States to leapfrog their existing barriers. This entails leveraging accelerators that catalyze advancement and ensuring that financial investments are strategic and impactful.

In seeking solutions, it's critical to consider both the allocation of external funds and the cultivation of internal capabilities, aiming for a future where Member States can sustain sanitation improvements independently. Delegates are tasked with crafting policies that not only address immediate needs but also build the foundation for enduring self-reliance. This calls for a meticulous selection of indicators that demonstrate the viability and sustainability of proposed solutions, ensuring these communities can ultimately thrive without the crutch of foreign assistance.

***Committee Directive***

The committee, recognizing the critical lag in achieving the SDGs for sanitation, hereby directs focused deliberation on formulating actionable, long-term strategies tailored to the Global South's needs. Delegates are to draw upon historical WHO strategies, adapting them to current realities to enhance the pace of progress. The committee emphasizes the need for sustainable financial models, including external funding and prudent budgeting, to ensure that universal access to modern sanitation becomes a reality for lesser-developed Member States.

Furthermore, the committee mandates that proposed solutions incorporate clear benchmarks, indicating the potential for self-sustaining sanitation infrastructure, reducing dependency on foreign aid, and ensuring that progress is resilient against future economic or environmental disruptions. This approach should foster independence, enabling Member States to maintain and advance their sanitation without continuous external support.

1. **Addressing Mental Health in Conflict and Post-Conflict Settings**

***Introduction***

The scars of conflict are not only etched into the infrastructure and the physical realm but also deeply woven into the psychological fabric of those involved. In conflict and post-conflict settings, the tremors of war reverberate through the minds and hearts of the affected, giving rise to a spectrum of mental health challenges. Addressing these issues is pivotal, as mental well-being is the cornerstone upon which societies can rebuild and heal from the ravages of conflict. It demands a nuanced understanding of trauma, a commitment to sustainable care, and a recognition of mental health as a fundamental pillar of post-conflict recovery and peacebuilding.

***History***

The historical treatment of mental health in conflict and post-conflict scenarios reflects a journey from shadows to the spotlight, mirroring the broader evolution of mental health understanding globally. For much of human history, the psychological impacts of war were unrecognized or unaddressed.[[12]](#footnote-11) Even the term "shell shock," coined during World War I, was a nascent attempt to grapple with the unseen injuries of war, as soldiers returned from the front lines with symptoms that defied physical diagnosis.[[13]](#footnote-12) This period, however, marked only the beginning of acknowledging the psychological toll of warfare. In the years following the World Wars, the focus on mental health slowly expanded beyond the battlefield. The recognition of Post-Traumatic Stress Disorder (PTSD) in the aftermath of the Vietnam War was a significant turning point in appreciating the long-term effects of combat on veterans.[[14]](#footnote-13) Yet, the civilian populations, often the silent sufferers, remained largely ignored in the discourse on war-related mental health.

It wasn't until the latter half of the 20th century that a more holistic understanding began to take shape, recognizing that the trauma of war extended beyond the individual to families, communities, and entire societies. Civil wars, genocides, and international conflicts throughout the 1980s and 1990s, such as those in Rwanda, the Balkans, and various parts of the Middle East, brought to light the collective nature of trauma. The field of psychosocial support emerged, understanding that the mental well-being of individuals was inextricably linked with social factors and community health.[[15]](#footnote-14) The dawn of the 21st century saw mental health garnering more attention in the context of global health. The World Health Organization (WHO) and various international NGOs started to integrate mental health into their emergency response for conflict and post-conflict settings. This marked a crucial recognition that for peace and development efforts to be effective, the psychological well-being of populations had to be addressed. Initiatives began to focus not just on alleviating symptoms of mental illness but also on promoting mental health, preventing trauma, and building resilience.[[16]](#footnote-15)[[17]](#footnote-16)

Despite these advances, the current century has also highlighted the profound gaps that remain. The conflicts in Afghanistan, Syria, and South Sudan have demonstrated the immense scale of need and the complexities involved in delivering mental health support in unstable environments. The international community has increasingly recognized that mental health is not a luxury but a necessity for recovery and peacebuilding. It is a component of human rights that underpins the ability of individuals and communities to recover from the deep-seated wounds of war and rebuild their lives with dignity and hope.

***Current Situation***

In contemporary conflict and post-conflict settings, the landscape of mental health care remains a critical concern. While awareness of the psychological repercussions of conflict has risen, the actual implementation of mental health services struggles to keep pace with the need. The current situation is marked by a significant scarcity of mental health professionals, limited public health infrastructure, and insufficient funding. Cultural stigmas surrounding mental health issues further complicate the provision of care. Moreover, the displacement of populations due to conflict exacerbates the challenges, as the trauma of loss, violence, and uncertainty is pervasive. Children and adolescents, who are especially vulnerable to psychological distress, often lack the necessary support systems to address the long-term effects of their experiences. The pressing need now is for concerted efforts to bridge these gaps and provide comprehensive, culturally appropriate mental health services that are integrated into the fabric of humanitarian aid and reconstruction efforts.

***Conclusion***

The pressing need for effective mental health care in conflict and post-conflict settings is a humanitarian imperative that cannot be overstated. As nations strive to transition from chaos to peace, addressing mental health is paramount. It is the cornerstone for personal healing, societal stability, and the promotion of resilient communities. Ignoring this aspect can severely impede the overall recovery process and sustainable peace-building efforts. Therefore, acknowledging and integrating mental health care into reconstruction and development plans is essential for the holistic revival of war-torn societies.

***Committee Directive***

The committee must act decisively to prioritize mental health in conflict and post-conflict settings. Delegates are directed to develop comprehensive mental health frameworks that address the immediate and enduring needs of affected populations. These frameworks should include provisions for the training of mental health professionals, ensuring the cultural appropriateness of interventions, and securing sustainable funding. Additionally, the committee should work toward dismantling the stigma surrounding mental health to facilitate access to care for all individuals, particularly the most vulnerable.

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