

*Enhancing the Prevention and Control
of Epidemics*

Committee Guide

World Health Assembly



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1. Personal Introduction

Hi, my name is Thomas Kappelhoff and I am 19 years old. In my leisure time, I play Rugby and the saxophone, hang out with my friends or study for my A-Levels. Two years ago, I spent a year abroad in Vancouver, Canada.

In this year's conference, I am delighted to be in your WHA chair team with Greta and Alexandra and to collect my first experiences as a chair at the OLMUN. The last couple of years I've been part of a delegation in the OLMUN sessions and enjoyed it a lot. I hope you will do so as well this year. I cannot wait to meet all of you and to have a great and debateful time in June. I'm really looking forward to our committee sessions and I am positive, that we will be an extremely cool committee. If you already/or sometimes later have a question or a problem, please do not hesitate to contact me or the other chairs.

See you in a little more than two months,
Thomas

Dear delegates,

My name is Greta Wulf, I am 19 years old and I will be chairing the World Health Assembly at OLMUN conference 2019. In the past year, I graduated at the Liebfrauenschule in Oldenburg and spent half a year in Milan, Italy, afterwards. In my free time, I love doing all kind of sports, especially running, bicycling and dancing. Additionally, I enjoy cooking and baking international dishes and therefore I like eating a lot, too.

In the past, I attended MUN conferences in Germany and Sweden and always enjoyed meeting new people from all over the world and discussing different points of view. I regard this kind of intercultural exchange as a great opportunity for all students to learn a lot out political, economical, social and environmental issues of our time. Moreover, soft skills as debating and speaking skills can be improved very easily, if one is courageous enough to contribute to the debate. I will start university in autumn and now feel honored to lead this committee with my Co-Chairs Alexandra and Thomas through the conference. If there appears to be any kind of problem during the conference week, please do not hesitate to approach me or one of the other chairs. You will probably recognize me as the chair who is constantly drinking tea.

Looking forward to meeting and getting to know you all in June,
Greta



Dear Delegates,

My name is Alexandra Wolff and I will be chairing the World Health Assembly with my co-chairs during the 2019 OLMUN. I am 17 years old and will hopefully be finished doing my Abitur by the time OLMUN starts. I love drawing and reading, and I am planning to travel to Japan in September for a year of Work and Travel. MUN is a wonderful way of meeting new people from all over the world and a great way of practicing important skills such as public speaking and fruitful debating. It is also a great venue to discuss current international politics and understand more about why our world works the way it does. I'm looking forward to chairing the WHA with my wonderful co-chairs Thomas and Greta this year and I sincerely wish all of you a great time and rich discussion.

See you all in June!
Alexandra

2. Committee Introduction

The World Health Assembly is the decision-making body of the World Health Organization. It is tasked with reviewing policies and current actions of the Organization, determining new policies and ruling about all financial matters within the WHO.

The World Health Organization was founded in 1948 to help combat disease and promote overall health, especially in regions vulnerable to health emergencies and communicable diseases. It consists of over 7000 employees who are active in more than 150 countries. The WHO is governed by the Executive Board, which consists of 30 member state delegations and creates new resolutions.

The World Health Assembly, consisting of 194 member states, votes on and amends the resolutions put forth by the Board and has control of ongoing missions and initiatives.

The WHO puts infrastructure in place to make medical facilities and services available to rural or poor regions, provides medication and fresh water access in third world countries and helps with the prevention and control of health emergencies around the world. A recent initiative of the WHO is amongst others the vaccination of children in Yemen against measles, with 11 million children already successfully vaccinated.

2. Definition of Terms

2.1 Epidemic

A disease that affects many people at the same time in one certain area and spreads rapidly. It is a temporary prevalence and shall not be confused with „disease outbreak“ or „pandemic“. A „disease outbreak“ can be described as a higher appearance of a certain disease in a community or region. Also single

cases of contagious diseases can be considered an „outbreak“. A „pandemic“ is a global disease outbreak.

2.2 Sustainable Development Goals

As the name already states, the „Sustainable Development Goals“ are 17 goals for the striving for a more sustainable future. To sum up the main idea of the goals, all UN member states adopted this also called „2030 Agenda“ in 2015 to achieve peace and prosperity for people and the planet on an ecological, economical and social level.

3. Epidemics

There are a lot of current epidemics in the world, mostly in third world countries, but the ones in the first world countries are not to forget as well. Sometimes, the good medical treatment and vaccinations serve to protect each and everyone of us that well, that some people think of vaccinations as a greater risk than the disease itself and disagree on vaccinations for their children. These people are called vaccination opponents. But for some diseases there just is no medical option to prevent or treat the very epidemic.

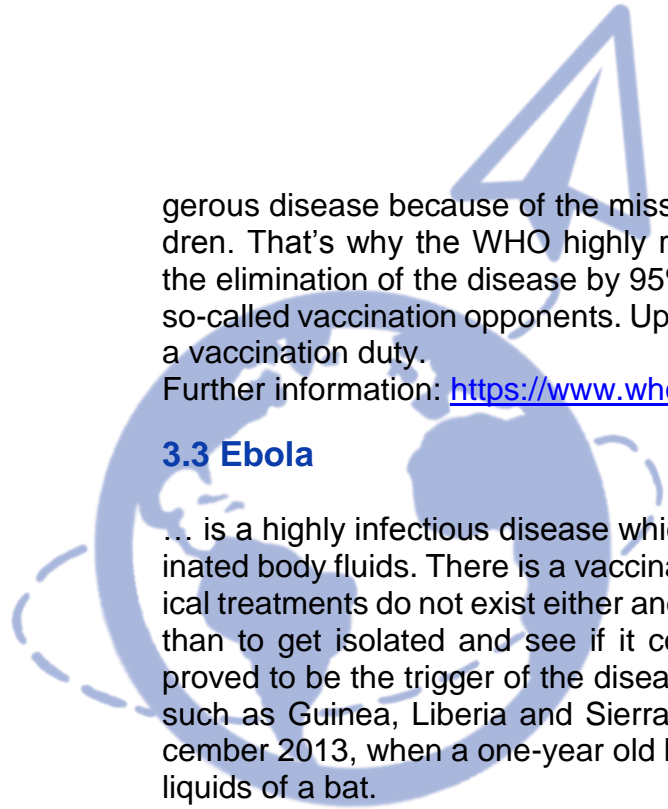
In the following, there are four current epidemics quickly presented to you but that is just supposed to be the base of your further research. You, as a delegate, should know about the epidemics in your respective country (What?, What caused the spreading? For how long does the epidemic exist? Which treatments are available?...) and, if possible, also about the ones in neighbor countries.

3.1 Meningococcal Meningitis (MM)

... is a bacterial infection which occurs worldwide but mostly in Africa. MM is caused by the bacteria „Neisseria meningitidis“ and is transmitted by human beings, close body contact or contact with body fluids of an infected person. It needs to be detected and medically treated very early, because it is highly risky. If untreated, it is fatal in 50% of cases. Even when the disease is detected and treated, 8-15% of the infected people do not survive the next 48 hours after the onset of symptoms. Of those who survive, it is not very unusual to keep brain damage, hear loss or disabilities. There is vaccination and treatment in form of antibiotics.

3.2 Measles

... is a highly contagious infectious disease caused by the measles virus. Due to his airborne character, people can easily be infected if they are not vaccinated. The worldwide vaccination of children and adults starting in 1963 became an effective way to prevent this disease. Thanks to that, in most parts of the world, Measles became very rare and the death tolls decreased radically. However, especially in third world countries (middle of Africa) it is still a dan-



gerous disease because of the missing drugs and malnutrition, mostly for children. That's why the WHO highly recommended the vaccination and visions the elimination of the disease by 95% worldwide. Recent problems include the so-called vaccination opponents. Upcoming questions include the debate about a vaccination duty.

Further information: <https://www.who.int/immunization/diseases/measles/en/>

3.3 Ebola

... is a highly infectious disease which is transmitted by the contact of contaminated body fluids. There is a vaccination developed but not yet available. Medical treatments do not exist either and so there is no other option for the infected than to get isolated and see if it costs their lives. The Ebola virus, which is proved to be the trigger of the disease, exists mostly in west african countries, such as Guinea, Liberia and Sierra Leone. The biggest outbreak was in December 2013, when a one-year old boy probably got infected through the body liquids of a bat.

It was pronounced eliminated around the middle of 2016, after causing the deaths of at least 11.360 people. It is now important to prevent another outbreak of that size.

Further information: <https://www.who.int/ebola/en/>

4.4 Dengue Fever

... is a mosquito transmitted virus which in most cases leads to minor symptoms such as little fever and nose bleeding. There are four different kinds of the dengue virus which all result in similar symptoms. However, it can also lead to the dengue shock syndrome which is much more dangerous. It includes high fever, damage to lymph and blood vessels, bleeding from the nose and gums, enlargement of the liver, and failure of the circulatory system. It leads to death in fifty percent of the cases when left untreated. The disease cannot be transmitted from one person to another and mostly appears in regions which lack a good medical system. There is no treatment or vaccination.

Further information: <https://www.who.int/denguecontrol/disease/en/>

5. Prevention

5.1 Involved Parties

LEDCs and NICs

Regarding the most affected countries concerning the occurrence of epidemics, LEDCs (Less Economically Developed Countries) and NICs (Newly Industrialized Countries) can be classified as the most endangered. Due to for example a low level of hygiene and a bad health system in those LEDCs, germs can spread more easily and widely through the population. As LEDCs have fewer financial means, medical help and the combat of a further spreading of the epidemic (e.g. by frequent medical care) cannot be provided as fast and as effective as in richer countries.

MEDCs

On the other hand, there are the MEDCs (More Economically Developed Countries), which are relatively rich countries. Those are not as affected by the actual epidemic as LEDCs and NICs but can take a leading role in supporting the affected countries and their endangered population by providing help such as but not limited to medical assistants and medications. Although having better medical technologies and hygiene, epidemics sometimes affect MEDCs in some cases, too, due to the on-going globalization and the mobilization of people.

NGOs

Furthermore, NGOs (Non-Governmental Organizations) are able to contribute in formulating global strategies in combating epidemics worldwide and are able to gather information about specific topics more easily and focused than some governments are able to. A cooperation of governments and NGOs might lead to more effective solutions and faster recovery in the case of an acute emergency.

5.2 Framework for Outbreaks of Epidemics

As already stated before, epidemics are mostly affecting LEDCs. In this section, the most important factors which contribute to easier outbreaks and spreads of epidemics are named.

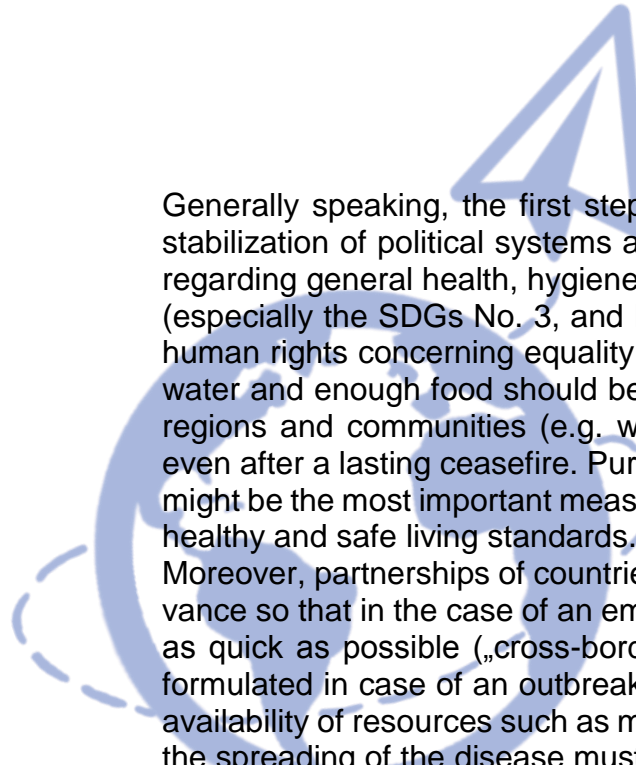
Beginning, the political situation of a country establishes the general framework of a country's well-being and the people's prosperity. Governments build infrastructures and have the control over the financial resources of a country. LEDCs generally neither have a functioning infrastructure, nor a good health system. Financial resources are very rare and cannot be used for building a good infrastructure, medical research or modern technology in hospitals. Pharmaceutical industries have great power and the circulation of many fake drugs contributes to an even worse level of health and well-being of the people living in LEDCs and NICs. Hygienic information is seldom provided, and clean water is a luxury good in those countries.

All these factors result in a very weak general health of the people, which lets them fall ill more easily and the internal production of antibodies does not work as responsive and effective as normally. The poor sanitation conditions lead to an easier spreading of germs and people learn about the causes of the disease and the different possibilities of contamination very late. Whole communities can be infected in the meantime and medical help often comes too late.

Besides, due to the globalization, the mobilization and people traveling all over the world, diseases like the measles which are long past in MEDCs are carried back from LEDCs and are problematic for local hospitals, too, for example because of vaccination opponents.

5.3 Possibilities of Preventing epidemics or Lowering their impact

How is it possible to prevent epidemics? Is it possible to take precautions to lower the impact of epidemics or limit the spreading?



Generally speaking, the first step in the combat of epidemics should be the stabilization of political systems and the improvement of worldwide standards regarding general health, hygiene and infrastructure. In the name of the SDGs (especially the SDGs No. 3, and No. 6 but also No. 1, No. 2, No. 10, No. 16), human rights concerning equality, peace and supply of basic needs like clean water and enough food should be pursued. War has also an impact on whole regions and communities (e.g. weak people, no food, poor medical supply), even after a lasting ceasefire. Pursuing the general idea of the SDGs therefore might be the most important measure to take in advance in order to create more healthy and safe living standards.

Moreover, partnerships of countries and communities have to be defined in advance so that in the case of an emergency, supporting parties are able to react as quick as possible („cross-border-prevention“). Together strategies can be formulated in case of an outbreak and control measures can be set. Also, the availability of resources such as medical assistants and isolation camps to fight the spreading of the disease must be secured beforehand. If possible, the creation of a system to detect outbreaks or rapid spreads at an early stage would limit the impact of the epidemic in general.

6. Control

Much can be done to prevent epidemics by insuring vaccine-based herd immunity and providing sanitation infrastructure such as public waste baskets and bathrooms. Should there nevertheless be a disease outbreak, it is imperative to take immediate measures to identify health threats and hotspots, investigate any outbreaks, and to mitigate and control the spread of the disease. This is achievable by following several steps:

6.1 Coordinating Responders

Infrastructure to ensure smooth cooperation between all officials and professionals involved as well as a dedicated space for emergency meetings should be held in reserve in case of emergency. A fast and reliable communication network for health professionals to alert others of an epidemic and to coordinate control efforts should already exist.

6.2 Health Information

Intelligence on both the nature of the disease as well as all efforts made to contain or study it must be available to those trying to control it. This encompasses surveillance information on the disease, such as place and time of disease confirmations and deaths and a risk group narrowed down by age and gender of those likely to contract the disease. Information pertaining to intervention efforts, such as the target population for any intervention, the resources required for it and the level of success any given intervention initiative has already had.

6.3 Communicating Risks

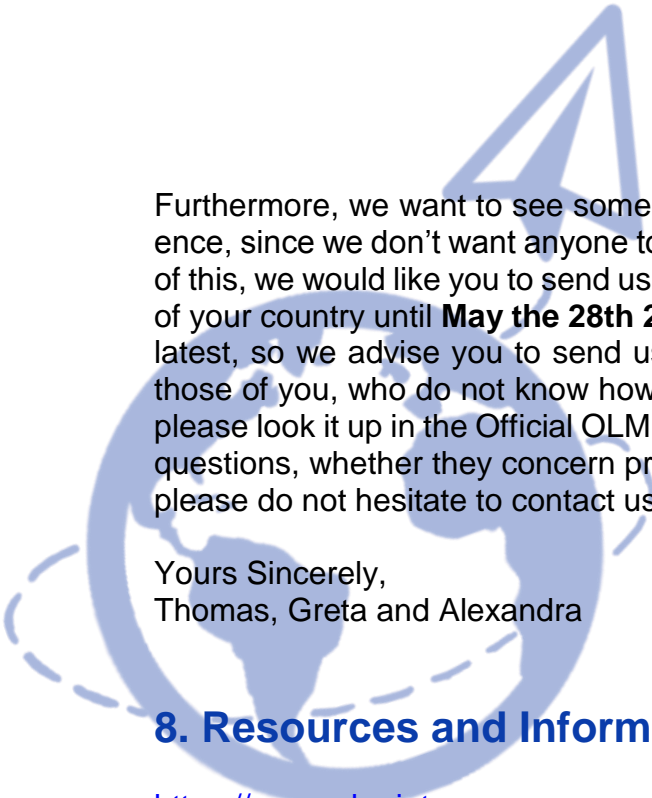
Letting misinformation about diseases spread is very dangerous, which makes it imperative to keep the public aware of the newest discoveries and protective measures they can take, and to assuage public fears by tailoring intervention tactics to include information on widespread concerns or priorities of the people. As any attempt to control the spread of disease relies on the cooperation of the local populations, clear and open dialog is important, though it is also important to present a sympathetic and empathetic voice in order to calm the population and establish trust between the organizations working to prevent and control disease and the local population.

By engaging the public and educating the people on proper epidemic procedure, not only can negative disease-furthering practices like stigmatization be prevented, it also promotes self-efficacy and enables the community to establish more specialized and decentralized disease-preventing practices and infrastructure, making it more resilient towards any future epidemics.

7. How to Use this Guide

This is a Committee Guide which means it should guide you, help you to familiarize yourself with the topic and motivate you to further learn about the control and prevention of epidemics. Its purpose is not to limit your research to this guide, since your resolutions should be as diverse as possible in the end! Please remember:

- Begin your research in time and don't wait until the last minute because understanding the topic and its complexity is essential for you to write a resolution, a policy statement and taking part in debate and in lobbying processes
- Use a variety of sources for your research! Be sure not to use just one single source for your whole resolution. Diversity in research is important, in order to reach a well-thought-out resolution with useful and debatable points. In addition, the more sources you use, the more you broaden your horizon on the topic. Also, use the links inside this guide!
- At a MUN conference you are not required to elaborate your personal opinion on the topic, but the opinion that your country represents. Therefore, you need to find out every detail about the situation in your country
- When researching the position of your country, look for various measures it has or has not taken yet, the existing programs and what possible new measures you as a representative of your country could introduce
- Elaborate a comprehensible, realistic resolution considering the position of your country! Of course, this resolution needs to be realistic considering that you are a representative of an existing country with existing positions. Within this frame, you need to find a self-contained solution, which you can present in our committee



Furthermore, we want to see some of your research results before the conference, since we don't want anyone to be unprepared in our committee. Because of this, we would like you to send us a **policy statement** and a **draft resolution** of your country until **May the 28th 2019**. Keep in mind that these dates are the latest, so we advise you to send us these documents earlier in advance. For those of you, who do not know how to write a policy statement or a resolution, please look it up in the Official OLMUN 2019 Handbook. If you have any further questions, whether they concern preparation, the conference or anything else, please do not hesitate to contact us and consult us: wha@olmun.org

Yours Sincerely,
Thomas, Greta and Alexandra

8. Resources and Informative Web Pages

<https://www.who.int>

<https://www.verywellhealth.com/what-is-an-outbreak-epidemiology-101-1958752>

<https://ecdc.europa.eu/en>

<https://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2g-communicable-disease/methods-control>

<https://sustainabledevelopment.un.org>