WVMUN XVII

WHO

Chair: Saina Arora

Co-Chairs: Ana Sofia Rocha Lechuga & Ishika Kandru

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Letter from Chair

Hello Delegates!

Welcome to WVMUN XVII WHO! My name is Saina Arora, and I will be your chair for our conference on October 18th, 2025. I am a fourth-year member of Model UN, and I am a part of the executive board as well. Outside of Model UN, I am on the executive board of Waubonsie Valley's Tri-M and Science Olympiad, as well as a member of both the Math and Science Honors Society. I also volunteer as a tutor and at my local library outside of school.

Before I joined Model UN in my freshman year of high school, I was mortified to give a presentation for a class or meeting new people. I clearly remember at my first conference, which was WVMUN, I could hardly mumble out a few words for my speaker's list speech. As the day progressed, I became more confident during both moderated and unmoderated caucuses. Both my chairs and more experienced delegates helped me throughout the conference, allowing me to walk out with a plethora of knowledge as to how I can improve. Being a member of Model UN has been one of the most rewarding experiences in my life because of how vastly my speaking and research skills improved, as well as the numerous friendships I made along the way. I have carried these skills with me to various aspects of my life, which increased my overall confidence.

WVMUN is a learning conference. Please do not be afraid to ask us any and all questions you may have both before and during the conference. We highly encourage you to speak about your country's position during moderated caucuses and propose motions. Do not be afraid to make mistakes; for many of you, this is your first conference so just do your best, and most importantly, do not forget to have fun! Although going up to the podium may seem intimidating, I promise you that it will get easier the more you do it. All of you have already taken the first step by choosing to attend the WVMUN conference, and you should be proud of yourself for

having the courage to do so. I hope that all of you take away something from this conference, whether it be how to speak more confidently or learn more about health issues around the world.

Position papers will be due on October 16th, 2025 by 11:59 p.m. through Waubonsie's Model UN website. Please do not use ChatGPT or another form of AI to write your paper, and doing so will disqualify you from any awards. WVMUN is a tech-free conference. This means that you can not use any device (computer, phone, tablet, etc.) to research during the conference, write papers, or any other purpose. We strongly encourage you to research beforehand and print out any notes that you would like to bring.

Once again, do not hesitate to contact any of us if you have any questions. I wish you all the best of luck for our conference; you will do amazing!

Sincerely,

Saina Arora

WHO Chair

sainaaro8367@k12.ipsd.org

Letter from Co-Chair

Welcome to the 17th WVMUN. My name is Ishika Kandru. It's my 3rd year in Model UN and 2nd year as part of the dias. I am a junior at Waubonsie Valley. Model UN has been a huge part of my high school experience since freshman year, and it's helped me grow as a person. I've developed skills in research, public speaking, and diplomacy by representing different countries and debating global issues. Participating in Model UN has boosted my confidence and leadership abilities. Drafting resolutions, negotiating, and presenting have pushed me out of my comfort zone, enhancing both academic and life skills. Now, as a junior, I've taken on more responsibilities, like mentoring new members. Model UN has shaped me into a well-rounded student and helped me gain so many good abilities, and it helps me prepare for future endeavors.

Aside from Model UN, I am in Girls Who Code and an aspiring medical professional. I am also on the girls' tennis team and the link crew, which are our leaders for new and incoming freshmen. Outside of school, I love to read, watch movies or TV shows, I love to do something artsy, or do my nails. I love shopping, especially when I travel. I am excited for the conference on October 18th, 2025, for WVMUN, I hope all delegates have a great experience and do their best. If you have any questions, please feel free to reach out to any of us. Good luck.

Thank you,

- Ishika Kandru co-chair

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Letter from Co-Chair

Good morning/afternoon/evening!

My name is Ana Sofia Rocha Lechuga and I am so excited to be one of your co-chairs for WVMUN's WHO committee this fall. I am currently a junior at WVHS and it is my second year being a member of Model UN. In addition, I am a cellist, a tennis player, and an active volunteer at one of my local non-profits. I enjoy spending my free time reading, hanging out with friends, and traveling.

While many other clubs advertise their ability to connect you with people who share the same interest and morals, Model UN guarantees meeting people with radically contrasting views. Model UN has provided me with more than just better presentation and negotiation skills, it has given me a community of people who are not afraid to disagree. This same bravery shapes Model UN into the unique club that it is, so make sure to step out of your comfort zone as that is what makes these discussions unlike any other.

As someone who is incredibly passionate about dissecting the human mind through poetry, novels, and history, it only makes sense that WHO; an organization driven by the desire to serve people all over the world, would be so intriguing to me. In a world full of uncertainty, crisis, and hatred, it is only the change we ignite ourselves that can bring understanding, compassion, and improvement. With all that said, I hope you all have an amazing time participating in this year's conference!

Ana Sofia Rocha Lechuga

Co-Chair

anasofiaroc9876@k12.ipsd.org

Country List

1. Afghanistan
2. Australia
3. Brazil
4. Canada
5. China
6. Egypt
7. France
8. Germany
9. India
10. Indonesia
11. Iran
12. Italy
13. Japan
14. Kenya
15. Mexico
16. Mongolia
17. Rwanda
18. South Africa
19. South Korea
20. Switzerland
21. United Arab Emirates
22. United Kingdom
23. United States of America
24. Venezuela
25. Vietnam

Introduction to WHO

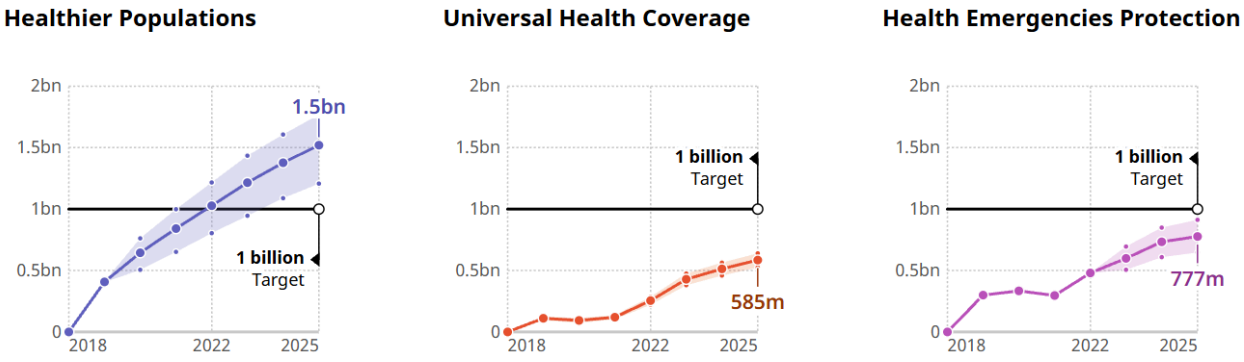
The World Health Organization (WHO) was created in 1948 as a part of the United Nations. Their goal has been universal health coverage since the day the committee was formed. WHO monitors the overall health of all member states to report to the rest of any health emergencies or new health issues arising. WHO is also the largest organization that coordinates the world's response to health emergencies. It is crucial for an arranged response to spread the world's resources equally and maximize the response's output.

WHO has three main bodies under it: The Secretariat, Member States, and the World Health Assembly. WHO's secretariat has experts, staff, and other field workers in their Geneva headquarters, six Regional Offices, and other locations in over 150 countries around the world, working to provide technical expertise and daily operations. The Member States of WHO accept its Constitution as well as implement strategies to better global health. The World Health Assembly (WHA) is composed of delegations from each Member State, who determine policies, elect the Director-General, and monitor/approve programme budgets. The WHA meets annually in Geneva, focusing on an agenda prepared by the Executive Board. As of 2023, Germany, the European Commission, and Norway were the greatest thematic contributors to WHO's funding.

Assessed contributions are a percentage of a country's GDP that is approved by Member States every two years and accounts for about 20% of WHO's total budget and must be paid to WHO on an annual basis. Most of WHO's funding is from voluntary contributions from Member States, other UN organizations, philanthropic foundations, and the private sector.

In 2019, WHO created its "Triple Billion Targets," which are three targets they aimed to reach by 2025 (originally, their goal was 2023, but the targets were modified). The first target is to help 1 billion more people with universal health coverage in a way that does not hurt them

financially. The second target is preparing 1 billion more people for health emergencies. This includes distributing vaccines and increasing the number of healthcare professionals. The third target is to help 1 billion more people enjoy better health and well-being. WHO continues to strive for a better life for all around the world in the midst of modern-day health concerns such as COVID-19, cancer, and a rising number of degenerative diseases. The progress made toward these targets is depicted in the image below.



During the COVID-19 pandemic, WHO monitored where outbreaks were rising and provided their recommendation for response. Since many less developed countries lacked adequate public health infrastructures and necessary supplies, WHO provided training courses for needed medical practices and set up the Pandemic Supply Chain Network. In addition, WHO partnered with nations, such as China, to study the virus and responses that work or do not. As an agency that connects people from around the world, WHO helped foster collaboration with scientists and doctors around the world to create treatment plans and preventative measures.

The World Health Organization is imperative in monitoring and addressing global health during health crises and day-to-day life. Since its creation, WHO has addressed and aided in numerous crises and will continue to do so. WHO is a fundamental pillar of the United Nations in improving the health and medicinal practices of billions of individuals around the world.

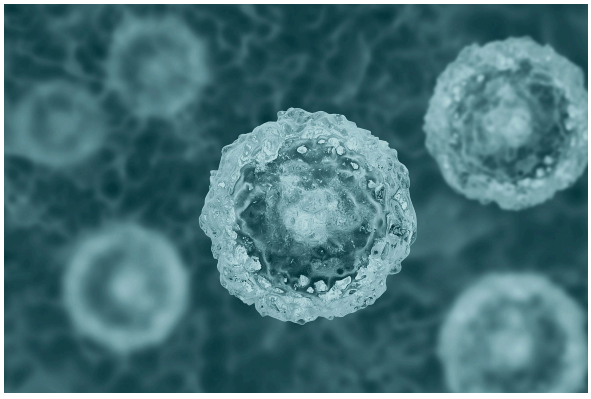
Topic A: Ethical Guidelines for Biotechnology in the Medical Field

Overview

Biotechnology is a rapidly growing industry, due to the advancements of modern-day technology. This field involves using living organisms and their parts to develop new technologies that can be used in the medical and agricultural industries. Specifically in the medical field, biotechnology is being used in genetic testing, genetic modification, drug treatments, and artificial tissue growth.

Applications of biotechnology in medicine require the use of genetic information. Since biotechnology requires vast research for safe implementation, many scientists from around the world collaborate to share ideas for the betterment of society. This involves the sharing of information about patients, including their genetic composition. Details this specific about patients raises privacy concerns, if it gets shared with those with malicious intent.

A recent advancement in biotechnology is the creation of artificial limbs. One method of creating artificial limbs is through prosthetic devices and biomimicry that can be controlled by the user. These prosthetic devices can be used to replace injured limbs or give people supernatural abilities, such as above average strength, raising the question as to the extent that prosthetic limbs should be implemented. Another method of creating artificial limbs is through the use of artificial stem cells. Stem cells are regular cells that are naturally found in



eukaryotic organisms and specialize into specific functioning cells, such as liver or skin cells. Scientists have been developing artificial stem cells that can be grown to mimic human organs. These can be used to partly or completely replace injured human organs. But, scientists are in debate over the ethics regarding the creation of artificial "living" organs. Since artificial stem cells are still in their infancy of development, there are limited regulations on the extent to which a person can have artificial organs or if they can be used in neurological applications, potentially alternating the patient's cognitive processes.

While we are in a biotechnology surge, the amount of global or regional regulation has not been as abundant; many documents written related to biotechnology are outdated compared to society's recent advancements. For example, in the Report of the Commission on Sustainable Development in 1995, the United Nations on Sustainable Development established some guidelines for biotechnology research to follow. These guidelines include establishing biotechnology should be used for the betterment of society, addresses that there is not sufficient regulation on biotechnology, asks for reports of advancements, and creates the Biosafety Information Network and Advisory Service to aid governments in creating regulations. However, these guidelines are vague and have no adequate method of monitoring activity.

This topic is pertinent to our society today because of the appeal that advancements that biotechnology brings to improving medical treatments. Biotechnology has the potential to save millions of lives and continue to improve healthcare for the unforeseen future. In addition, the technology and research required for the implementation of biotechnology is still very novel but exponentially growing, which means more regulations need to be put in place to prevent malicious use of knowledge.

Historical Context

While biotechnology has been utilized throughout the centuries as seen with the production of wine, cheese, and selective breeding; Modern biotechnology evolved to what we know today from the progress made in mid-late 20th century. For instance, in 1953, JD Watson, Rosalind Franklin, FHC Crick, and Maurice Wilkins contributed to the discovery of the double helix DNA structure. Later, in 1975, Kohler and Milestein produced the first even monoclonal antibodies. Throughout the development of biotechnology, the consideration and necessity of ethics continues to rise.

A notable example is the exploitation of Henrietta Lacks. Lacks was treated for cervical cancer in the colored ward of the John Hopkins Hospital by Dr. George Gey in 1950. During this time, it was common for tissue samples to be taken from poor and/or african american cancer patients. This is partially because there were no ethical guidelines protecting patients. Lacks died a year later at 31 years of age, leaving her five children behind. Throughout multiple routined biopsies done on Lacks prior to her death, cells taken from her tissue continued to live and became the first human cell line established. This human cell line (HeLa cells) allowed for a better understanding of the causes and treatment for cancer patients as her cells were found to have syphilis, cervical cancer, and HPV. HeLa cells proved crucial in the development of several vaccines like the polio vaccine, making the Microbiological Associate a

multibillion dollar industry, while Lacks' children lived in poverty and could barely afford health insurance.

A similarly invasive example is the Human Genome Project in the early 2000's. This project's goal was to uncover the entire human genome. They got 20 volunteers, 19 of mainly European ancestry and 1 from blended ancestry. By 2003, they completed their mission of getting as close as sequencing 92% of the human genome with less than 400 gaps, making it more accurate. A major concern for the project was that while the volunteers remained anonymous, many were not sure how to navigate the ethical concerns with exposing the sequencing. Due to these concerns, NHGRI established the Ethical, Legal, and Social Implications (ELSI) Research Program in 1990 which utilizes 5% of its research budget on ethical, social, and ethical problems in genomic advances.

While biotechnological advances gave researchers a basis for extraordinary advancements in medication for deadly diseases like cancer and polio, it comes at a price just as extraordinary for anyone giving up their genetic information. For this reason, it becomes increasingly vital to have discussions on the ethicality of the developments biotechnology brings.

Current Situation

As biotechnology continues to advance, there are new concerns surrounding the ethics of certain advancements. Whether it is: equal accessibility, patents, privacy, or human enhancement, there are still many pressing issues that need to be addressed.

CRISPR-Cas9 is a gene-editing system. It is utilized to identify enzyme patterns in DNA, and rearrange it as instructed. One of the most recent uses of this technology is to remove extra chromosomes in down syndrome. CRISPR-Cas9 is able to detach the extra chromosome 21, making it unstable during cell division, allowing for new cells to only have two copies of the

21st chromosome. Despite it being a fairly recent advancement, many are split on how ethical it is to make such changes to a human's genome. Many believe that the utilization of CRISPR-Cas9 becomes a gateway to editing DNA in other ways to become more desirable, leaving the question of how far can humans tamper with genomes before it becomes a problem as it affects future generations.

With the development of the COVID-19 vaccines, the awareness of mRNA therapies increased. The COVID-19 vaccine works through the use of mRNA to produce a viral spike protein, creating an immune response. This response allows for the body to make antibodies without having to be in contact with the virus. Despite the abundant benefits of this vaccine, many mistrusted the efficiency of the vaccine, as well as how to distribute it properly as only some countries were able to produce it. The fact that some countries depended on others for the production raised concerns on availability of it.

There are also rising concerns of privacy with prosthetics. Some newer prosthetic models rely on transmittable data to function. While this new technology allows for more possibilities of prosthetics to be increasingly efficient, it also brings concerns over how to safeguard the data needed. Some are also worried of accessibility of higher technology prosthetics as they can become incredibly expensive. Some believe that this lack of accessibility could potentially lead to incredible innovation only being benefited from by few.

Whether it is life saving developments like the COVID-19 vaccine, incredibly advanced prosthetics, or a potentially life changing gene-editing tool like CRISPR-Cas9, it is undeniable that biotechnology can provide answers to previously impossible

problems. Nevertheless, it is important to remember that innovation without ethical responsibility can easily lead to unintended harm.

Possible Solutions

Biotechnology is doing things that would have sounded like science fiction not long ago. Scientists can now work with genes, grow body parts, and come up with new treatments that are more personal and more powerful than anything we had before. These changes are exciting, and they could help people live longer and healthier lives. At the same time, all this new technology brings up questions that we have not answered yet. A lot of the rules we have are either too old or too weak to keep up with everything that is happening.

It is not that people have not tried to create guidelines. Some international groups started doing that decades ago, but their ideas are now outdated. Today's technology is much more advanced, making it difficult to apply previously established guidelines. In many cases, individual labs and companies are left to decide for themselves what is right or wrong.

There have been suggestions about creating stronger systems to watch over how biotechnology is used. These would not stop research, but they would give people a chance to ask questions and keep things more transparent. A lot of people agree that regular checks or updates could help with that. These systems would not have to be complicated, but they would need to be flexible enough to keep up with all the changes happening in the field.

Money is already flowing into biotech in large amounts. The industry made more than a trillion dollars in 2023, and it is expected to grow even more. That means funding for ethical review boards, public information programs, or simple oversight is definitely possible. Public research centers do receive government funding in many nations, so it may be possible to allocate some of those funds to ethical practices.

Awareness is missing, most people do not realize how biotechnology is already part of their lives. Some do not know that their health data might be used in research or shared in ways they did not expect. Revisiting the Henrietta Lacks case, people were unaware that scientists and doctors were using her cells without any consent. That story still matters because some of the same things can happen today. In a recent survey, many people said they were not sure what they had agreed to when joining medical studies, especially when it came to their genetic data.

Even scientists face new situations that do not have clear answers. Traditional medicine has basic rules, like not causing harm. But biotechnology moves into areas that are harder to judge. For example, if we can make an artificial organ that works better than a real one, should we? Is it okay to enhance someone's body, or should biotech be used only to fix what is broken? These are questions that do not have easy answers, and there is not one clear set of rules to follow. This is not about blaming science or slowing it down. It is more about realizing that progress needs to be balanced with responsibility. Right now, that balance is not really there.

Questions to Consider

1. To what extent should the U.N. provide guidelines on biotechnology advancement, and how much are countries able to dictate for themselves, if any at all?
2. How can potential malicious use of biotechnology be addressed?
3. What considerations should be taken during trials and testing of new technologies?

4. Is it ethical to use biotechnology to enhance average human functions?
5. Should research involving the creation of artificial life be continued?

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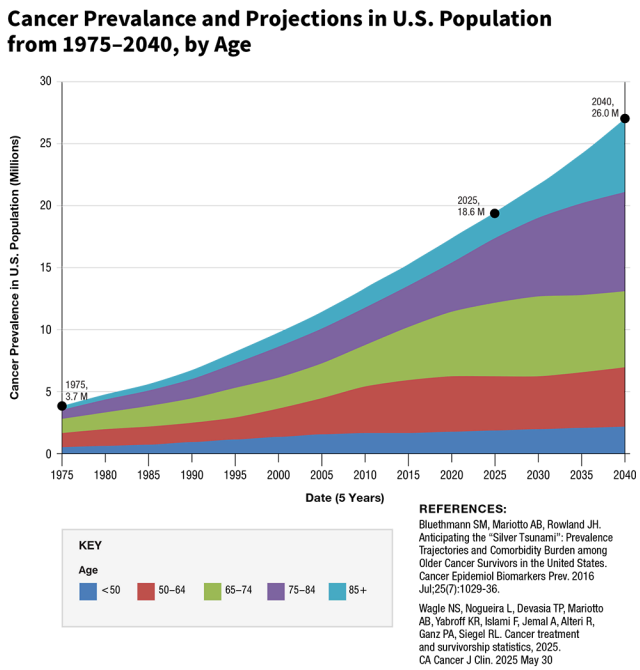
Topic B: Combatting the Rise of Cancer Cases

Overview

Cancer is one of the leading causes of death worldwide. Although there is extensive scientific research done on how to reduce the risk of cancer, cancer cases are sadly still on the rise. It is projected that there will be 35 million new cases in the year 2050 alone, which is a 77% increase from 2022, specifically in those under the age of 50.



Increased consumption of alcohol and tobacco are some of the main causes of an increasing number of cancer cases. Alcohol consumption is highest in more developed countries because a larger percentage of people have the financial capability to purchase alcohol. Tobacco consumption is higher in developing nations because it is cheaper than alcohol. Obesity also increases the risk of developing cancer. Globally, 1 in 8 people are obese, with obesity rates increasing in both developing and developed countries. This is caused by malnutrition and lack of physical exercise. Those in poverty or with lower income struggle to afford healthier foods, such as fresh fruits and vegetables, leading to unhealthy diets.

Many people often view cancer as a disease that occurs in aging populations. However, recent research shows that individuals in the prime of their lives (adults aged 20-40) are

predicted to see a 30% increase in cancer cases from 2019 to 2030. The types of cancer cases seeing the most growth are colorectal, breast, prostate, uterine, stomach (gastric), and pancreatic cancer. Other than just obesity rates, researchers at Memorial Sloan Kettering Cancer Center hypothesize that some of this mysterious rise in cancer cases is due to the increased amounts from chemicals in the environment since the mid-1900s and less diverse microbiomes. More research is necessary to better understand why there has been such a stark increase in cancer cases in those who should be in the best health of their lives.

Since more individuals are being diagnosed with cancer, researchers and doctors are urging early detection for cancer. While cancer is occurring earlier in life for some, it is equally as aggressive if it were to develop later in life. The Cancer Research Institute stated that breast cancer detected in stage 1 of development sees over a 99% chance of survival, in comparison to the average rate of survival of 32% if detected in late stages. The over three-fold survival rate is just one of many examples where early detection can be used to save lives. However, there is a lack of cancer screening centers in less developed nations and less knowledge about when cancer screenings need to be performed in the civilian population.

Cancer is a growing issue that will affect the lives of millions, transcending generations. While there is not a universal “cure” for cancer, there is extensive research on how to reduce the risks of developing it. It is vital to not only educate individuals on how to reduce these risk factors, but also help areas that need additional aid to implement more screenings and other cautionary measures. International cooperation is necessary to better this global issue.

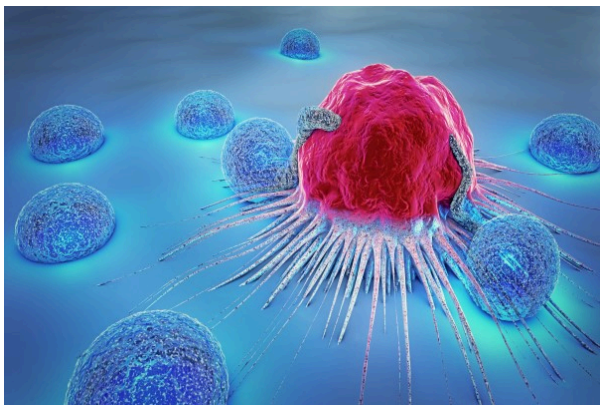
Historical Context

Cancer has existed throughout human history, but our understanding of cancer has changed drastically over time. In ancient civilizations like Egypt and Greece, cancer was

mentioned in early medical records, yet treatment was nearly impossible. The cause of tumors and abnormal growths was mysterious, often blamed on curses or spiritual imbalances. Without the tools to diagnose or manage it, cancer usually went unnoticed until death, and even then, it was misunderstood.

In the 20th century, modern science changed the game. The invention of the microscope allowed doctors to observe cancerous cells at a biological level. New treatments like surgery, radiation, and later chemotherapy gave patients a fighting chance. One of the most important breakthroughs came in the 1950s when scientists officially confirmed the connection between smoking and lung cancer. This discovery marked a turning point in public health and disease prevention. According to the Centers for Disease Control and Prevention (CDC), smoking still causes about 80 to 90 percent of lung cancer deaths in the United States.

Although treatments were improving, cancer diagnoses around the world began to increase. This was not just because more people were getting cancer, but also because medical technology was better at detecting it. At the same time, people were living longer. Since cancer is more common in older adults, longer life expectancies naturally led to more diagnoses.



Cancer is no longer just a disease of the elderly. One of the most concerning patterns in recent decades has been the rise in cancer among younger adults, especially those under 50. A study published by the National Institutes of Health (NIH) found a significant increase in early-onset cancers, particularly breast, colorectal, and thyroid cancers. Researchers suggest that

changes in diet, exposure to chemicals, sedentary lifestyles, and other modern habits may be contributing to this shift.

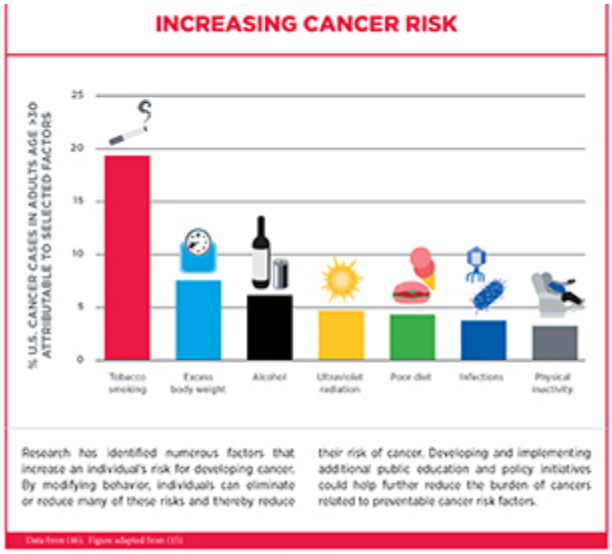
As the world industrialized and urbanized, diets changed dramatically. People began eating more processed foods, and physical labor was replaced by desk jobs. Pollution from factories and cars increased, and new chemicals entered the food supply and household products. These changes happened fast, and they appear to have long-term effects on public health.

Cancer has moved from being a mysterious, untreatable condition to one of the most common and well-documented diseases in the world. Despite advances in research and treatment, the global rise in cases tells a much more complicated storyone influenced not just by medicine, but by social, economic, and environmental factors.

Current Situation

In today's world, cancer is a reality that hits nearly every single individual. It is no longer a disease that occurs in the elderly. More and more people are being diagnosed at younger ages, and the overall number of cases is rising with astonishing rapidity. It is a projected 20 million new cancer diagnoses, the World Health Organization (WHO) estimates, globally in 2022, and it is estimated that it will be 35 million by the year 2050, up 77 percent. Especially alarming is the fact that this increase is not limited to older populations. More and more people under the age of 50 are getting cancers that were previously unknown for their age category.

Many of the leading causes of this trend are in everyday life. In wealthier countries, drinking has become a normal and common practice. Alcohol is often linked to social events, stress management, or even just everyday meals. However, alcohol is an admitted carcinogen. The National Cancer Institute (NCI) confirms that drinking increases the risk of numerous cancers, including breast, liver, and esophageal cancer. In lower-income and developing



American Association for Cancer Research (AACR) Cancer Progress Report 2019

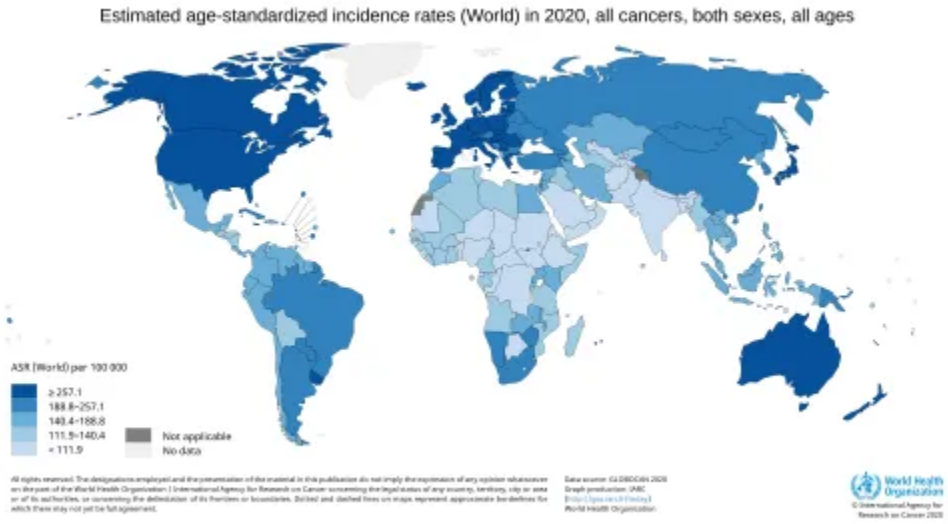
countries, tobacco use remains one of the leading causes of cancer. Cigarettes are affordable and readily available, especially where there are weak tobacco control policies and public education. Decades of prohibition, warnings, and curbs have failed, with the WHO reporting that tobacco kills more than 8 million people each year, many through cancer. Secondhand smoke continues to endanger those who do not smoke.

Obesity is also a serious risk factor. It does not just affect appearance. Obesity, according to the CDC, is linked with at least 13 types of cancer, including colon, uterine, and pancreatic cancers. Obesity is becoming a growing concern for nearly 1 in 8 people globally. Causes are complex but ultimately simplified to cost and access. Healthy foods such as fresh fruits, vegetables, and lean meat are also expensive. For poor families, the most convenient option is usually processed and high-calorie food. Combining this with little time or money for exercising, this cycle of unhealthy living continues. Inactive habits also play a big part. The majority of people spend hours at desks, take cars for transport, and pass the time in leisure on a screen. Physical exercise or no exercise can have an effect on hormones and on inflammation levels, both of which play a part in causing cancer. Regular modest amounts of exercise will prevent some cancers, but most people do not get the amount of activity that is advised each day.

Limited healthcare accessibility is another issue. For the majority of populations globally, people have no access to regular screening, low-cost medical care, or early detection. Symptoms

are ignored because people cannot afford a doctor's visit or do not possess any insurance. This leads to late diagnosis, when cancer is harder to cure and survival rates plummet.

What makes this so difficult to tolerate is that the majority of these risk factors are preventable or modifiable if one has the resources to make healthier choices. Cancer is not only a disease. It is a marker for broader social injustices. Having the potential to prevent cancer is more and more tied to issues like income, where one resides, and education. Those who can pay for a good living, stay away from harmful things, and undergo early screening have a very high survival rate.



As we go forward, the rise in cancer among youth must serve as a warning. Action is needed now. To bring to an end the cancer crisis will take more than new treatments. It will take a look at the environments we live in, the systems that shape us, and the access gaps that threaten millions.

Possible Solutions

There are many factors that need to be considered when trying to find a solution for cancer in today's world. Four possible factors are: reducing the promotion of carcinogenic

substances, making nutritious food accessible, education on preventative measures, and funding for research facilities and treatment centers.

When it comes to reducing the promotion of carcinogenic substances there are a couple of approaches. While there is no foolproof way to get rid of substances like tobacco and alcohol, there can be initiatives taken to promote healthier alternatives. The promotion of a labeling system on products regarding cancer risks can allow consumers to become more wary and mindful of their consumption.

It is becoming increasingly apparent that eating habits can make people more susceptible to cancer, making food nutrition a priority. In order to counteract the promotion of unhealthy food products, WHO can encourage laws to be set in place to advocate for healthier eating habits. In addition, the creation of a recommended amount of carcinogens in food and water like arsenic in water will raise public awareness of what one may be consuming and how it potentially affects their health. In order to keep people informed on which carcinogens affect them directly, an open access registry can be formed to highlight high-risk regions.

One of the most important factors when thinking of a solution for any problem is finding a way to finance the expenses associated. Funding for education campaigns and facilities on preventative measures can be provided through the partnership of organizations like the World Bank, an organisation to reduce poverty and increase the quality of life in struggling communities. Funding can also be received through fees enforced on UN members based on their GDP.

Nevertheless, education maintains its stance as the most important factor to consider as a problem that cannot be resolved until it is identified. Therefore, education and maintaining a well-informed mind regarding the topic of cancer is the crucial first step to take before

performing knowledgeable and well- placed actions into the development of treatments as well as possible cures produced ethically in order to make a more perfect future. Education campaigns can be located in schools, libraries, and community centers to provide communities with the resources to remain informed.

Questions to Consider

1. How can nations fund initiatives to improve overall lifestyle?
2. As seen by the consequences of Prohibition in the United States, it is difficult to ban substances. What are alternative methods of reducing substance consumption?
3. With modern day technology and transportation making tasks less physically demanding, how can sedentary lifestyles be combatted?
4. How can preventive measures and treatment for cancer be available for all individuals, regardless of socioeconomic group or region?
5. What measures can be taken to aid developing nations avoid a surge in cancer cases due to unhealthy lifestyles?

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