



World Health Organization

Chaired and written by Natalie Traylor

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Special thanks to Secretary General Sanvi Lamba, Crisis Director Joey Hauger,
USG of Rules and Procedures Natasha Nabaty, Conference Coordinator Leticia Maoudonodji and
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Hi everyone! My name is Natalie Traylor, and I am the chair of the World Health Organization. I am a senior at the School of Government & Public Policy within the University of Arizona studying Law and Gender & Women's Studies. My journey into Model United Nations began with a friend I met during my freshman year. She often shared her experiences in MUN—representing countries, drafting resolutions, and engaging in exciting committee sessions—which immediately fascinated me. What I love most about MUN is its dynamic environment. Each conference offers a chance to learn something new, from understanding foreign policy to improving public speaking and negotiation skills. My interest in the WHO committee stems from its mission to tackle global health challenges like pandemics, health inequities, and access to medicine. While my background in law has strengthened my critical thinking and advocacy skills, participating in the WHO committee pushes me beyond my comfort zone in an area I am not familiar with. However, It highlights the connection between law, health, and diplomacy in solving real-world problems. I look forward to exploring global health issues further and gaining new perspectives. Please feel free to contact me with any questions prior to the start of the conference at: who63@arizonamun.org

Committee Introduction & Purview

The idea of creating a global health organization was first discussed in 1945 during the United Nations Conference, proposing to establish an international health body. This led to the drafting of the World Health Organization (WHO) Constitution and its adoption in 1946. The first World Health Assembly convened on 24, June 1948 in Geneva, finalizing the transition by replacing the Interim Commission with WHO on 31 August 1948. WHO is the specialized agency of the United Nations dedicated to fostering global health collaboration. It works alongside nations, partners, and communities to safeguard health, protect the vulnerable, and ensure that everyone, everywhere, can achieve the highest standard of well-being. WHO spearheads initiatives to expand universal health coverage, coordinates international responses to health emergencies, and advocates for healthier lifestyles across all stages of life, from prenatal care to aging. Its Triple Billion targets present a bold strategy to advance global health equity through science-driven policies and programs. WHO's core goals focus on three interconnected strategic priorities: 1) advancing universal health coverage (UHC), 2) enhancing protection against health emergencies, and 3) promoting healthy lives and well-being for people of all ages.

Delegates of WHO should be ready to engage in discussions, debates, and the drafting of resolutions on the outlined topics, utilizing both formal and informal formats. Operating under the same procedural rules as the General Assembly, delegates are expected to uphold appropriate conduct

throughout the proceedings. The chair and rapporteurs will be available to assist delegates with any questions during the conference. It is important to note that the guiding questions provided are intended as a starting point for research and preparation, not as a limitation on the scope of discussion. Delegates should approach these topics prepared for meaningful and essential deliberation.

Topic I. Preventing Spread of Mosquito- Borne Illnesses

The global challenge of preventing mosquito-borne illnesses is underscored by historical and contemporary outbreaks of diseases such as malaria, yellow fever, dengue, chikungunya, Zika, and West Nile virus (WNV). Historically, poor socioeconomic conditions facilitated widespread transmission of anthroponotic diseases like malaria and yellow fever in the United States, even in temperate regions. Improved living conditions, such as screened housing and access to healthcare, largely eradicated these diseases. However, zoonotic diseases like WNV, which rely on animal hosts, persist and have established themselves despite similar advancements. The recent emergence of Zika and chikungunya viruses, linked to global travel and trade, highlights the potential for new pathogens to spread. Effective control measures, including vector management, public health interventions, and attention to global socioeconomic disparities, remain critical to reducing the threat of mosquito-borne diseases.

Preventing the global spread of mosquito-borne illnesses is crucial as these vector-borne diseases account for over 17% of all infectious diseases, causing more than 700,000 deaths annually. Diseases like malaria, transmitted by Anopheline mosquitoes, result in over 608,000 deaths each year, primarily affecting children under five, while dengue, spread by Aedes mosquitoes, places 3.9 billion people at risk and leads to 40,000 deaths annually. Other mosquito-borne illnesses, such as chikungunya, Zika, yellow fever, and Japanese encephalitis, along with diseases transmitted by ticks and flies, cause significant health burdens, particularly in tropical regions and among impoverished populations. Factors like climate change, urbanization, and global travel exacerbate the spread, as warming climates expand vector ranges and activity seasons. However, many of these diseases are preventable through protective measures and community mobilization, making global action imperative to save lives and reduce suffering.

The World Health Organization (WHO) has actively worked to combat the global spread of mosquito-borne illnesses like dengue by supporting countries in outbreak confirmation through its network of laboratories and providing technical assistance for effective outbreak management. WHO also formulates evidence-based strategies, assists countries in adopting the Global Vector Control

Response (2017–2030) and the Global Arbovirus Initiative (2022–2025), and promotes the development of new tools, such as insecticide products and technologies. Additionally, WHO has played a key role in combating the spread of chikungunya by supporting countries in outbreak surveillance, providing technical guidance on outbreak management, and training on clinical care, diagnosis, and vector control. The WHO's *Global Vector Control Response 2017–2030* (GVCR) strategy aims to strengthen vector control worldwide by improving capacity, surveillance, coordination, and integrated action across sectors and diseases. The strategy focuses on four key pillars: strengthening inter-sectoral collaboration, engaging communities, enhancing vector surveillance, and scaling up control tools. It also emphasizes increasing research and innovation in vector control. The GVCR was developed through a consultative process and calls for strong country leadership, resource mobilization, and policy support to implement these actions effectively.

Guiding Questions:

1. How can countries with limited resources effectively implement the WHO's Global Vector Control Response (GVCR) strategy, particularly in relation to strengthening surveillance systems and enhancing vector control capacity?
2. Given the growing impact of climate change and urbanization on the spread of mosquito-borne diseases, what specific measures should be taken to adapt vector control strategies to changing environmental conditions?
3. With increasing global travel and trade contributing to the spread of diseases like Zika and chikungunya, how can international collaboration be enhanced to improve early detection and containment of outbreaks?
4. How can local communities be better engaged and mobilized to sustain vector control activities, and what role can education and community-led initiatives play in the prevention of mosquito-borne illnesses?
5. What innovative research and technologies do you think hold the most promise for improving mosquito-borne disease control, and how can countries work together to prioritize and implement these solutions?

Works Cited/Additional Resources:

- NLM (2018). National Center for Biotechnology Information. [Link](#)
- WHO (Sept. 2024) Vector Borne Illnesses. [Link](#)
- WHO (2022) Chikungunya. [Link](#)

- WHO (April 2024) Dengue and Severe Dengue. [Link](#)
 - WHO (2017) Global Vector Control Response. 2017-2030. [Link](#)
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 - WHO Doc. [Link](#)
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Topic II. Addressing Chronic World-Wide Epidemics: Cardiovascular Disease and Obesity

Obesity, a multifactorial condition influenced by biological, psychosocial, socioeconomic, and environmental factors, significantly contributes to various health issues, including cardiovascular disease (CVD). Defined by the World Health Organization obesity is linked to a range of negative health outcomes, especially heart disease, with BMI serving as a key indicator, despite its limitations. The prevalence of obesity has surged globally, with 39% to 49% of the population affected, and its associated risks, including heart failure, arrhythmias, and atherosclerosis, continue to rise. The Global Burden of Disease (GBD) study showed that elevated BMI caused 4 million deaths in 2015, with a significant proportion due to CVD. Furthermore, excess abdominal fat is strongly correlated with CVD risk, with waist circumference (WC) being a useful additional measure to BMI.

Imaging technologies have highlighted the role of ectopic fat, including visceral, liver, and pericardial fat, in exacerbating CVD. Additionally, obesity accelerates coronary artery disease (CAD) through mechanisms like insulin resistance and inflammation, with central adiposity being a primary driver of these conditions. Emerging evidence also underscores the contribution of obesity to microvascular disease, further complicating CVD outcomes. Thus, addressing obesity through comprehensive health interventions remains crucial in combating the global CVD epidemic.

Addressing chronic worldwide epidemics like cardiovascular disease (CVD) and obesity is critical due to their devastating global impact. CVD remains the leading cause of morbidity and mortality, with over 17.9 million deaths annually, disproportionately affecting low-and middle-income countries. While high-income countries have made significant strides in reducing CVD mortality through preventive measures and treatments, low-and middle-income countries continue to face challenges due to limited resources and weaker healthcare systems. The combination of behavioral and biological risk factors, such as smoking, unhealthy diets, and physical inactivity, significantly contributes to the rise in CVD and obesity, exacerbating the burden. With scalable, affordable

interventions available, especially in low-and middle-income countries, prioritizing effective preventive measures can reduce premature mortality, tackle the obesity crisis, and ultimately achieve global health goals, such as reducing NCD-related deaths by one-third by 2030. Addressing these issues is crucial not only for improving health outcomes but also for mitigating the growing economic and social challenges posed by these chronic diseases worldwide.

The WHO has taken significant steps to address the global epidemic of noncommunicable diseases (NCDs), and focuses on reducing risk factors such as tobacco use, alcohol consumption, physical inactivity, unhealthy diets, and poor air quality, which are key contributors to these diseases. WHO has also promoted universal health coverage to improve access to healthcare in low- and middle-income countries, where most NCD-related premature deaths occur. Additionally, the organization has worked on improving NCD surveillance to support evidence-based decision-making and policy development. In 2019, WHO extended its Global Action Plan for NCDs to 2030 and developed an Implementation Roadmap to accelerate progress in reducing NCDs and achieving the target of reducing premature deaths from NCDs by one-third by 2030, as outlined in the United Nations' Sustainable Development Goals.

Guiding Questions:

1. Given the rising prevalence of obesity globally, what are some innovative strategies WHO could implement to tackle the complex, multifactorial nature of obesity, particularly in low- and middle-income countries where the burden is most significant?
2. While BMI is widely used to measure obesity, its limitations are well documented. How does the WHO recommend integrating additional measures, such as waist circumference or imaging technologies, into global health strategies to better assess and address the risks associated with obesity?
3. With emerging evidence showing that obesity contributes significantly to microvascular disease and accelerates coronary artery disease, how is the WHO adapting its approach to CVD prevention and management to account for these complex interactions between obesity and heart disease?
4. The WHO has emphasized the importance of universal health coverage in tackling NCDs, especially in resource-limited settings. What specific steps is the WHO taking to ensure that low- and middle-income countries can implement scalable and sustainable interventions to combat obesity and CVD effectively?
5. As part of the WHO's Global Action Plan for NCDs and the 2030 agenda, what measurable progress has been made in reducing the global burden of CVD and obesity, and what further

challenges do you foresee in achieving the target of reducing premature NCD-related deaths by one-third by 2030?

Works Cited/Additional Resources:

- NLM (2021). National Library of Biotechnology Information. [Link](#)
 - NLM (2022). National Library of Biotechnology Information. [Link](#)
 - WHO Noncommunicable Diseases. [Link](#)
 - WHA53.17: Prevention and control of noncommunicable diseases. [Link](#)
 - WHA61.14: Prevention and control of noncommunicable diseases: implementation of the global strategy. [Link](#)
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Topic III. Ensuring Equal Novel Vaccine Distribution

The history of unequal vaccine distribution during the COVID-19 pandemic highlights stark disparities between high- and low-income countries. While 82% of vaccine doses were administered to high- or upper-middle-income nations, only 0.2% reached low-income countries, with a significant gap in vaccination rates: 1 in 4 people in high-income countries were vaccinated compared to just 1 in 500 in poorer nations. Efforts to address this inequity included the creation of initiatives like COVAX and the ACT-Accelerator, which aimed to ensure global access to vaccines. However, challenges persisted, including logistical and production bottlenecks. Calls for increased donations to COVAX, scaling up local manufacturing, and addressing intellectual property concerns were made to overcome these barriers and promote a coordinated, global response rooted in solidarity and equity.

Ensuring equal distribution of vaccines, such as COVID-19 vaccines, is crucial for global health security, as the pandemic has shown that the virus does not respect borders. High-income countries, which initially hoarded vaccines, left low- and middle-income countries vulnerable to both health and economic crises. The emergence of new variants, such as those from India, South Africa, and Brazil, underscores the global risk of unequal vaccine access, as unvaccinated populations can perpetuate the spread and mutation of the virus. Initiatives like COVAX aim to address these disparities by coordinating vaccine distribution, ensuring even the poorest nations have access. A collective, equitable response is essential not only to control the pandemic but also to prevent exacerbating global inequities, which could lead to further health and security risks.

In 2021, the WHO set a global target of 70% COVID-19 vaccination coverage by mid-2022, prioritizing high-risk populations such as older adults, healthcare workers, and those with comorbidities. The effort required strong leadership, coordinated national healthcare plans, and

integrated vaccination services. As risk perception of the virus waned, effective communication and funding became crucial to maintain vaccination momentum. The COVID-19 Vaccine Delivery Partnership, launched by WHO, UNICEF, Gavi, and other international partners, focused on accelerating vaccination in 34 low-coverage countries. In response to challenges, the G20 Finance Ministers and Central Bank Governors requested WHO and the World Bank to collaborate with countries to remove obstacles and accelerate vaccine deployment.

Healthcare workers, primarily women, have been the backbone of the pandemic response, often working under-protected in dire conditions to save lives and provide dignity to the dying. Despite vaccines being distributed in over 70 countries, many low- and middle-income nations have yet to begin vaccination, leaving health workers vulnerable. The WHO Director-General called for vaccinating health workers and high-risk groups within the first 100 days of 2021, emphasizing equitable vaccine distribution through global initiatives like COVAX and C-TAP. Urgent action is needed from world leaders to fund COVAX, prioritize vaccine sharing, scale manufacturing, and ensure vaccines are free and accessible to those most at risk. Investing in health systems and equitable distribution is key to ending the pandemic, addressing global challenges, and honoring the sacrifices of health workers.

Global leaders have emphasized the urgent need for equitable vaccine access and production to combat COVID-19 and support global recovery. The COVAX Facility has delivered millions of doses but faces supply constraints, export restrictions, and vaccine nationalism. The need to waive intellectual property rights to expand vaccine production and distribution in developing countries, with calls for transparency and multilateral collaboration over inefficient bilateral agreements. Financial support, alongside strengthening manufacturing capacity and supply chains. Many stressed that equitable access benefits global health and the economy, warning of the dire costs of inaction. Developing countries and small island states highlighted disparities, urging global solidarity and policy shifts to prioritize public health over profits.

Guiding Questions:

1. To what extent is the unequal distribution of vaccines during a global health crisis a failure of justice, and how should global health institutions reconcile the competing demands of national sovereignty and global equity in future pandemics?
2. Do high-income countries have a moral obligation to prioritize the health needs of low-income nations during pandemics, even at the expense of their own population's sense of security, and if so, to what extent?

3. Should the protection of intellectual property in vaccine production be subordinate to the global right to health, and what are the ethical implications of waiving such rights for the common good?
4. In a world of unequal resources and capabilities, how can the principle of global solidarity effectively counteract the instinctive vaccine nationalism seen during the COVID-19 pandemic?
5. How should global health policymakers navigate the ethical tensions between saving the greatest number of lives, prioritizing the most vulnerable populations, and ensuring fair processes in vaccine allocation?

Works Cited/Additional Resources:

- NLM (2022). National Library of Biotechnology Information. [Link](#)
- UN Meeting Coverage and Press Releases (2021) [Link](#)
- WHO Doc. [Link](#)
- WHO Vaccine Equality. [Link](#)
- WHO Call to Action: Vaccine Equality. [Link](#)