Hello Delegates,

I welcome you all to the World Health Organization committee of *KnightMUN XIII* and I am greatly anticipating an instructional yet fun conference experience. My name is Jessica Rodriguez and I am a third year student at the University of Central Florida, currently majoring in International and Global Studies with a minor in Middle Eastern Studies. My interest in international relations had its beginning as a junior in high school when I first joined the Model United Nations team and decided to pursue this interest at the collegiate level. I attended some conferences you might be familiar with such as FIMUN and Global Classrooms and I am honored to now be able to direct my own committee.

Although this is my first time as director, I have experience as part of staff in last year's KnightMUN, OMUN, and as a delegate in several conferences. I would like this committee to run smoothly and efficiently so I encourage delegates to review the parliamentary rules and procedures found in the KnightMUN guide. Another component for a successful committee is appropriate knowledge of the topics at hand; therefore a well-written position paper can become a wonderful guide throughout the extent of this conference. I will be more than willing to answer questions during unmoderated caucus so please do not hesitate to approach me, my goal is to create an interactive and comfortable environment for all delegates.

The World Health Organization handles an array of global health issues, from biosafety to maternal health. For this conference I have chosen two topics that I hope will either introduce you to these imperative issues or will further your knowledge on them, they are the following: eliminating female genital mutilation and responding to the effects of climate change on human health. As global citizens the topics you will address as delegates are relevant and important to us all, so when researching actively think of solutions to these issues. I am passionate about both of these topics and I am incredibly excited to see what you will all present in committee. I commend you all for participating in this year's KnightMUN, let's make this an enjoyable experience!

Sincerely,

Jessica Rodriguez

Director of the World Health Organization, KnightMUN 2013

Jessica.Rodriguez.ucf@knights.ucf.edu

The World Health Organization

Committee History and Description

The World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations system[1]. The concept for a global health organization had its origins when diplomats first convened to form the United Nations in 1945, consequently WHO's constitution was ratified in April 7 1948[2]. The first 55 members of World Health Assembly decided that malaria, women's and children's health, tuberculosis, venereal disease, nutrition and environmental sanitation would be of top priority, but since then WHO has expanded to cover a variety of health issues throughout the globe. One of the World Health Organization's greatest achievements has been the eradication of small pox in 1979 and WHO's influence continues to positively impact many regions of the world[3]. Knowing how WHO experts and personnel handle health matters might be of use when thinking of solutions during committee.

WHO satisfies its public health objectives through core functions such as, "guiding global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends"[4]. These functions are laid out in the 11th General Programme of Work which establishes the structure for the organization of work, budget, resources, and results that covers a 10-year period from 2006 to 2015[5]. Furthermore, The World Health Organization addresses global health in two spectrums: the visible work can be seen in the treatment of prevailing diseases like malaria but most activities are largely invisible such as assuring the quality of medicine and vaccines. WHO has also responded to current challenges by creating a six point agenda to enhance its overall performance[6]. WHO is largely funded by voluntary contributions by countries, agencies, and other partners. In order to conserve time during session, as a delegate you must be mindful of the roles and powers of WHO in order to make decisions that do not infringe on the sovereignty of Member States. More research on these matters is encouraged.

In the modern day health has become a shared responsibility, and often the population's health is indicative of both the stability and efficiency of a state's government. All nation-states should be afforded equitable access to health care; therefore all members of the United Nations

[1] Intro to WHO: http://www.who.int/about/brochure_en.pdf
[2] WHO History: http://www.who.int/about/history/en/index.html
[3] Ibid., Intro to WHO
[4] About WHO: http://www.who.int/about/en/
[5] WHO's role: http://www.who.int/about/role/en/index.html
[6] WHO's Agenda: http://www.who.int/about/agenda/en/index.html

may become members of WHO by accepting its constitution. Other countries may apply for membership which is approved with a simple majority vote by the World Health Assembly[7].

Topic I: Developing, Strengthening, and Supporting Actions Towards Ending Female Genital Mutilation

"I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa."
Dr Margaret Chan, Director-General of WHO

Introduction

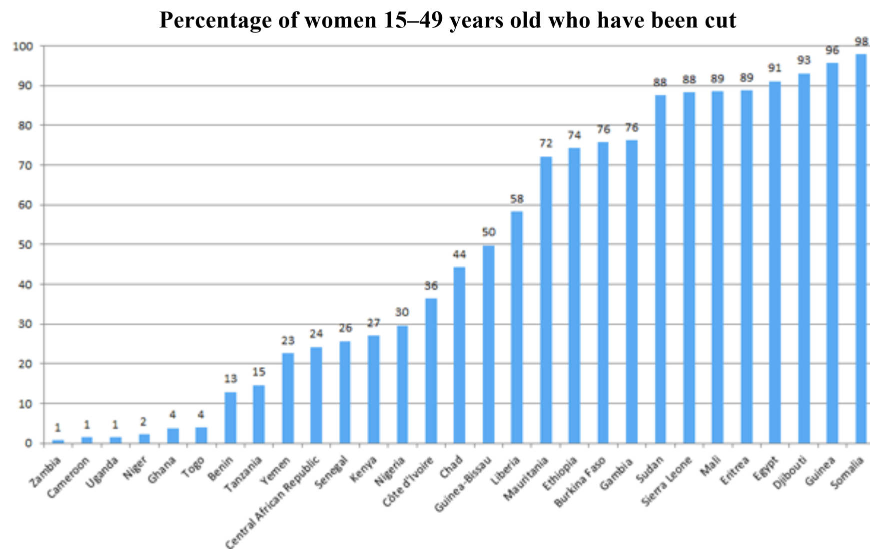
Female genital mutilation (FGM) is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons[8]. FGM, also known as "female genital cutting" and "female circumcision", is a practice observed across multiple cultures and religions therefore should not be exclusively associated to either or. Tradition and cultural heritage are the guiding forces behind female genital mutilation, reinforced by beliefs that it will ensure virginity before marriage, fidelity during marriage, and increase the fertility of the woman[9]. FGM has no health benefits and ensures pain and discomfort for the entirety of a woman's life. Procedures can cause severe bleeding and problems urinating, and later cysts, infections, and infertility [10]. Additionally, babies born to women who have undergone female genital mutilation suffer a higher rate of neonatal death compared to babies born to women who have not undergone the procedure.

The prevalence of FGM is highly noted in Africa, in which 92 million of the 100-140 million women and girls that suffer from FGM over the age of ten reside in. It is estimated that 3 million girls in Africa are at risk of female genital mutilation each year. According to UNICEF, as many as 30 million girls under the age of 15 may be at risk, with more than 90% of women having gone through the procedure in Djibouti, Egypt, Guinea and Somalia. Anti-FGM legislation has been introduced in some countries, but in response they have also proceeded to lower the average age at which a girl could be subjected to the procedure, since it is easier for a younger girl to avoid legal scrutiny. Another negative effect of legislation that should be considered is that often these practices are driven underground or a cross-border movement of women from where it is

[7] Members: http://www.who.int/countries/en/

[8] FGM Defined: http://www.who.int/topics/female_genital_mutilation/en/
[9] Beliefs: http://www.mtholyoke.edu/~mcbri20s/classweb/worldpolitics/page1.html
[10] Complications: http://www.who.int/mediacentre/factsheets/fs241/en/index.html

illegal to a place that allows the practice becomes encouraged. Fortunately, trends also show that FGM is on the decline and younger generations are less susceptible to circumcision[11]. Female genital mutilation has been outlawed in Britain, Canada, France, Norway, Sweden, Switzerland, and the United States, and several other countries.



Note: Data for Yemen refer to ever-married women.
Source: UNICEF global databases, 2012. Based on DHS, MICS and other national surveys, 1997-2011

Economic Costs

In addition to the social and health implications of FGM, it has also been found to pose a potential financial burden on health systems. Data collected from six African countries showed that the costs associated with the medical management of obstetric complications resulting from FGM were equivalent to 0.1-1% of total government spending on women of reproductive age[12] and amounted to $3.7 million. A study conducted by WHO found that on average a girl of 15 who undergoes FGM type III (infibulation) will cost the medical system I$ 5.82 over her lifetime along with losing nearly a quarter of her life[13]. Another study from Nigeria showed that treating FGM in a pediatric clinic cost $120 per girl, a steep price in a country with a GDP per capita of $2,800[14].

---

[11] Prevalence &Trends: http://www.childinfo.org/fgmc_progress.html
[12] http://www.who.int/bulletin/volumes/88/4/09-064808/en/
[13] http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.17_eng.pdf
[14] https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html

Efforts towards combatting FGM have been severely underfunded, but a coupling of adequate funds and proper allocation of said funds is one of the many steps required for the elimination of FGM. Because investing in the prevention of FGM also prevents the series of associated complications, such as child birth and life-long treatment, it consequently contributes to savings within the health system. With this being known there should be an increase in funding towards prevention, for if the health system were to spend as much as I$ 5.82 per FGM Type III prevented or I$ 2.50 per FGM Type II prevented (excision), it would completely offset the costs of prevention[15]. The elimination of FGM would lead to a reduction of costs beneficial to societies, families, and individuals.

The Impact of "Medicalization"

Medicalization of FGM is defined as situations in which FGM is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of reinfibulation at any point in time in a woman's life[16]. Health professionals typically hold status within a community and therefore play a key role in the process of eliminating FGM. They can achieve this by 1) abandoning the practice and 2) providing correct information on the consequences of FGM. The problem lies in some health-care providers willing to perform FGM because they are themselves part of a community that condones the practice. Additionally, parents who want their daughters to go through the procedure often prefer a health-care provider as opposed to a traditional practitioner because they believe it might reduce the risk. Thus there has been an increase in demand for health-care providers, which ironically is a result of more available information about the harmful health consequences of FGM. It has also been documented that some health professionals consider FGM to be medically indicated for most women, while others who do not support the practice respect the patient's socioculturally motivated request. Even more detrimental to the cause are those that think they are reducing the expected dangers of FGM if the procedure is clinically enacted. On a larger scale, the medicalization of FGM is also supported by certain international humanitarian organizations and government officials that argue it could lead to total abandonment of the practice. However, some governments have acknowledged the problem of FGM and its medicalization.

As a response to this phenomenon, the World Health Organization manifested a global strategy with the intent of stopping health-care providers from continuing the practice of FGM. WHO first condemned medicalization in 1979 in the first international conference on FGM, but in 2008 it adopted resolution WHA61.16 in which member states agreed to ensure the procedure is not

[15] Ibid. 13
[16] http://whqlibdoc.who.int/hq/2010/WHO_RHR_10.9_eng.pdf

performed by health professionals[17]. The global strategy against the medicalization of FGM is intended for policy-makers in governments, parliamentarians, international agencies, professional associations, community leaders, religious leaders, NGOs and other institutions. The stopping of medically enacted FGM is important to the human rights based approach for its elimination, because if a health professional refrains from performing the practice it will then lead to questioning of the practice by communities[18]. It is also important because the medicalization of FGM creates a sense of legitimacy, giving the impression that it is harmless or even good for health, which can lead to the institutionalization of the practice. Some challenges surrounding the stopping of medically condoned FGM include lack of protocol and law, will to prosecute, and insufficient training and support of health-providers to name a few. These challenges should be taken into consideration when strategizing towards the elimination of FGM.

International Response

Female genital mutilation has been internationally recognized as a violation of the human rights of girls and women, reflecting deep-rooted inequality between the sexes entrenched in social, economic, and political structures. FGM also constitutes a violation of the rights of children since it is most frequently performed on minors. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death[19]. Due to extreme violations of the person as a consequence of FGM, the international community has responded accordingly. UN human rights treaty monitoring bodies have addressed FGM in their concluding observations on how Member States are meeting their treaty obligations. In the same respect the Committee on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child, and the Human Rights Committee have all actively condemned the practice and propose measures to combat it[20].

The sustainability of anti-FGM programs relies on coordinated work between NGO's and governments, but often collaboration is obstructed by competition for funding, disapproval of each other's strategies, and personality differences. However, there are presently efforts between NGOs, governmental institutions, donors and funding organizations to coordinate activities and facilitate exchange of information and resources[21]. Though international intervention is important, the most successful programs have been community based with consistent support and involvement of the government and development cooperation agencies. Faith- based and

[17] Ibid. 16
[18] http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf
[19] http://www.who.int/mediacentre/factsheets/fs241/en/index.html
[20] http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf
[21] http://apps.who.int/iris/bitstream/10665/75195/1/WHO_RHR_11.36_eng.pdf

inter-faith based organizations have also played a key role, using pre-existing structures to influence the attitudes and behaviors of their community members[22]. WHO in particular has established a set of guidelines towards the elimination FGM that focus on: strengthening the health sector, building evidence and generating knowledge, and increasing advocacy through developing publications for international, regional, and local efforts[23].

Eliminating female genital mutilation is ultimately necessary for the realization of five of the eight millennium development goal (MDG); improve maternal health; reduce child mortality; combat HIV/AIDS, malaria and other diseases; achieve universal primary education; and promote gender equality and empower women[24]. FGM impacts women and girls in all of these aspects including their sexual and reproductive health. Also, the physical and mental health consequences of FGM affect a woman's ability to effectively partake in public life, disempowering them in the process.

Why FGM Continues

Female genital mutilation is representative of society's control over women and such practices enable unequal and harmful gender roles. In the communities in which FGM is practiced, both men and women support it without question. People not adhering to these norms are confronted with harassment, condemnation, and ostracism. Due to the powerful force of these conventions, it is difficult for families to abandon the practice without it being supported by the community.

Guiding Questions:

1. What current actions has your country undertaken in order to eliminate FGM?
2. What are some culturally sensitive approaches to dealing with FGM and where should the line be drawn?
3. What are some ways FGM be *prevented* along with ensuring the safety and security of girls and women?
4. What can be done at the national and international level while still respecting the communities and women afflicted?
5. To what extent can your country fund this cause? Think of solutions and alternatives to the economic burden posed by FGM
6. How can new and existing programs be strengthened for the long-term?
7. How can the international community effectively stop the medicalization of FGM?

[22] http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf
[23] Ibid, 19
[24] Ibid., 16

Topic II: Responding to The Consequences of Climate Change on Human Health

"Climate change is the biggest health threat of the 21st century" – The Lancet

Introduction

Climate change is defined as a long-term change in the Earth's climate, or of a region on Earth[25]. Within the scientific community there is a strong consensus that the warming of the climate system is unequivocal and is affecting human health. Climate change is driven by human activity, primarily through the burning of fossil fuels which emits greenhouse gases into the atmosphere. There is sufficient evidence to determine that this significant change in our climate has led to changes in rainfall, storm patterns, and the unbalancing of natural systems that supply the necessities of life[26]. Not only are existing diseases and conditions made much worse by climate change, it can also introduce new pests/ pathogens into new regions or communities. This phenomenon will lead to a new set of global issues on how to handle and contain diseases foreign to certain regions. Global warming has also led to a rise in sea levels placing many low-lying countries and coastal cities at risk of flooding. Droughts, heat waves, and hurricanes become more severe, frequent, and intense[27]. One has to consider how much stress climate change places on the international system, from an increase of refugees, to damage control, and our health care infrastructure and delivery systems.

Moreover, climate change poses the most threat to developing countries, which will significantly hinder the advancements of the health-related Millennium Development Goals and for health equity. The people most subjected to the increase of health risks brought on by climate change are children, the elderly, the poor, and those with existing health conditions. Therefore, according to the World Health Organization, it is imperative to formulate a clear response in order to protect human health and ensure that it is placed at the center of the climate debate[28]. WHO utilizes its country presence, policy and technical capacity to help Member States strengthen the climate resilience of health systems and communities. They have the capacity to assess, address, and monitor health risks from climate change, and implement health adaptation projects in all WHO regions[29]. Poorly designed policies could easily undermine climate and health equity goals and reduce public support for their implementation, therefore as a delegate

---

[25] http://www.nasa.gov/topics/earth/features/climate_by_any_other_name.html
[26] http://apps.who.int/gb/ebwha/pdf_files/A61/A61_14-en.pdf
[27] http://www.niehs.nih.gov/research/programs/geh/climatechange/
[28] Ibid. 12
[29] http://www.who.int/globalchange/ClimateChangeHealthFlyer.pdf

think of actions your country can take to commit to the achievement of health equity at multiple levels of analysis.

Health Issues

The World Health Organization has determined and emphasized that the health risks associated with climate change are significant, distributed throughout the globe, and difficult to reverse[30]. Climate change will gradually affect our food, water, and air; all essential to the health and well-being of a person. Our health will also be affected through a range of mechanisms that include the effects of hazards such as heat waves, floods, and storms, and the more elaborate infectious disease patterns, disruptions of agricultural and other supportive ecosystems, and the risk of potential population displacement. The effects of these hazards could be measured in numbers, with climate-sensitive risk factors such as under-nutrition at an estimated 3.7 million deaths per year, diarrhea at 1.9 million, and malaria at 0.9 million. Conflict may also arise over scarce resources such as water, fertile land and fisheries[31].

Without effective responses, climate change will compromise the following environmental determinants of health[32]:

- Water quality and quantity: Contributing to a doubling of people living in water-stressed basins by 2050
- Food Security: In some African countries, yields from rain-fed agriculture may halve by 2020
- Control of infectious diseases: Increasing population at risk of malaria in Africa by 170 million by 2030, and at risk of dengue by 2 billion by 2080's
- Protection from disasters: Increasing exposure to coastal flooding by a factor of 10, and land area in extreme drought by a factor of 10-30

As outlined by the WHO report "Climate change and Health", the increase of ozone pollution has led to increases in asthma and respiratory infections as a result of poor air quality. Greater energy demands place added pressure on the use of fossil fuels which thus contributes to air pollution-related illnesses and all-cause and all-age premature deaths. As aforementioned, climate change disproportionately impacts the health of vulnerable populations. Thus, women, young people, and persons with a low socioeconomic standing are at a comparatively higher risk of anxiety and mood disorders after disasters[33]. Moreover, less than 30% of least developed

[30] http://apps.who.int/gb/ebwha/pdf_files/A61/A61_14-en.pdf
[31] http://www.who.int/globalchange/GenderClimateChangeHealthfinal.pdf
[32] Slide show on climate change, health, and WHO's global programme
[33] Ibid, 31

countries have adequate health vulnerability assessments and health adaptation plans and just 1% of international climate finance goes to health adaptation projects, with less than 0.5% of estimated health damages for climate change[34]. All of these factors must be considered when working towards a solution.

Call to Action

The health sector at the international, national and subnational level is seen as responsible for the protection of lives and well-being from climate related threats to health. Health professionals provide understanding of measures that mitigate climate change (primary prevention) and measures for adapting to climate change (secondary prevention) that aid in the discussion on how to reduce and prevent climate-related disease, injuries, and deaths. Adaptation is particularly important because climate change is inevitable to a certain extent, even in the event of greenhouse gas emissions suddenly stopping. Health professionals can also use their knowledge to advocate for health to be at the center of climate change policies and plans, as well as to inform authorities that failure to respond to imminent climate changes will turn out costly in terms of disease, health-care expenditure and lost productivity[35].

At the international level, WHO has made a commitment to work with Member States and other partners in an effort to respond to the threat of climate change, as is so stated in resolution WHA61.19. The work plan established by this resolution aims towards supporting health systems in all countries, with an emphasis on low- and middle-income States and small island States[36]. Bulleted below are WHO's objectives and actions for climate change and health[37]:

- Raise awareness of the need to ensure public health security by acting on climate change: done through advocacy campaigns, publications and policy briefings, etc. to encourage health protection by policy-makers

- Strengthen public health systems to cope with the threats posed by climate change: aims towards improving population health, and increasing climate resilience of communities and the health system to identify, monitor, respond, and prepare for changes in health and disease burdens related to climate

[34] Ibid, 32
[35] http://www.who.int/globalchange/publications/factsheets/WHD2008_health_prof_2.pdf
[36] http://www.who.int/globalchange/health_policy/who_workplan/en/index.html
[37] Ibid, 30

- Enhance capacity to deal with public health emergencies: WHO can assist this effort through existing international programs on health action in crises, and disease surveillance, reporting and response.

- Enhance scientific evidence: WHO works towards improving understanding and evidence of the correlation between health and climate by working with experts and institutions worldwide

- Strengthen partnerships: WHO acts as the specialized agency for health within the UN, therefore collaborates with UNFCCC and OneUN initiatives for Climate Change.

Achievements

So far there have been several achievements and many more are to be expected if the work plan objectives are realized. Most importantly there has been the mobilization of commitment by 193 Member States resulting in the 2008 World Health Assembly Resolution on climate change and health, backed by Regional Frameworks for action along with:

♦ Representation of the health sector within the global climate change negotiations, the UN system-wide response to climate change, and the Intergovernmental Panel on Climate Change.

♦ Over 50 books and reports assessing health implications of climate change, and describing the necessary responses, at global and regional level

♦ Definition of an applied global research agenda on health protection from climate change, and development of partnerships between end-users, researchers, and donors

♦ Production of technical guidance on health vulnerability and adaptation assessment, and on specific climate-related risks, such as heatwaves, floods, and vector-borne diseases

♦ Workshops to raise awareness, foster intersectoral collaboration, and plan responses, covering over 50 countries. ‘

♦ Implementation of major projects to pilot adaptation to climate change in 14 countries in all six WHO regions, and support for assessments of health vulnerability and adaptation to climate change in over 30 countries [38]

---

[38] http://www.who.int/globalchange/ClimateChangeHealthFlyer.pdf

Each government has unique contributions to make towards the achievement of these goals, and it is their duty to implement the laws and policies that will secure the health of future generations.

Guiding Questions:

1. How has your country responded/ is responding to climate change?
2. In what ways could the international community work harmoniously when discussing climate change and health?
3. How could we increase funding allocated towards the prevention of climate-related health risks?
4. In the event of displacement due to climate related floods and disease, what is the best response?
5. If we fail to prevent the health risks associated with climate change, what is the best way to respond to the consequences?