COMMISSION GUIDE

WHO



World Health Organization

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1. Presidents' Letter

Dear delegates,

Welcome to the eighteenth CCB model of the United Nations. It is a pleasure to have each one of you in the World Health Organisation commission where relevant topics for our current situation are going to be discussed, in order to find solutions for some crucial worldwide crises. We are Sara Zuluaga and Jose David Sandoval, from the Colombo Británico, currently studying in 11th grade. As your presidents this year, we are excited to share our knowledge and to guide you through this whole process to help you overcome any complications and challenges you may encounter along the way.

To begin with, we will require each of you to use your social, communication, and research skills along with your understanding of the topics in order to tackle the problems from different perspectives. Additionally, we are looking forward to a commission where diverse points of view and ideas from each nation are going to be exposed, and where teamwork amongst the delegations will be central to finding solutions together for the real world.

Moreover, throughout the course of the three days of the model, we hope each one of you is able to participate actively in the debate, discussing the impact and repercussions that the response systems and black-market medication has on our society.

Although we know that finding solutions to these topics may present a challenge for you, we are sure that you are capable of solving them by making use of your abilities. Remember that we have been in your shoes and understand your position, so don't hesitate in asking us for any help that you need.

As your presidents, we expect to see the best version of yourselves during these three hard-working days, with active participation, pertinent interventions, and a high level of interest towards the topics in discussion. Overall, we hope you learn and enjoy your time as a delegate while debating these crucial topics we have chosen for you. Good luck!

We wish you all the best!
Yours sincerely,
José David and Sara



2. Commission Information

i. History

Prior to the creation of the UN, almost a century before WWII, the first International Health Cooperation Conference took place in Paris, 23 July 1851. Cholera was affecting every nation of Europe, striking the population without any defined entity to control the situation. As a result of this, several conferences led the way to the unification of European countries to create the OIPH, Office international d'Hygiène Publique, in the late 19th century, and the beginning of the 20th century.

It was not long after WWII and the creation of the UN, that the World Health Organization was founded. It was designed to be the universal body in charge of human health, sanitation, disease treatment, vaccines, pandemics/epidemics, and other health issues. On 22nd July 1946, 51 UN member states and 10 other countries signed its founding. However, two years later, on 7th April 1948, the commission couldn't come into complete force, since only 26 states ratified the agreement. Finally, on 26th June of the same year, 53 out of the 55 members ratified the committee, bringing into being the WHO that we know nowadays.





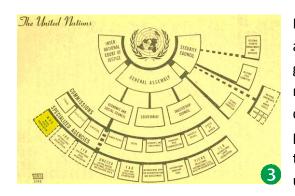
ii. Structure

This committee has over 150 offices, where 7000 people of about 150 different countries work; the headquarters are in Geneva, Switzerland. "In addition to medical doctors, public health specialists, scientists and epidemiologists, WHO staff include people trained to manage administrative, financial, and information systems, as well as experts in the fields of health statistics, economics, and emergency relief." -WHO

The World Health Organization is nowadays one of the most essential committees of the United Nations. It guarantees the wellbeing of all people, by directing, guarding and coordinating international health systems within the UN. With 194 Member States across six regions, and with more than 150 offices around the world, the World Health



Organization's aim is to protect the health and well-being of every citizen around the globe. This organization endeavours to combat communicable and non-communicable diseases, improve health systems, and to generally to improve health levels throughout the course of each citizen's life.



Every member of the corporation that attends the World Health Assembly will be guaranteed one vote and may be represented by three delegates. The delegations will be chosen according to their performance during the prior year based on their impact on projects the Committee undertakes.

There is an annual assembly that lasts for approximately three weeks, which usually takes place in the WHO headquarters at Geneva in May. The assembly elects a president each time. For any convention, treaty, law, project, and agreement to pass, two-thirds of the members should vote in favour; the ones against must clarify their reasons for not voting in favour.

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3. Topic 1: Health repercussions as a result of black-market medication

i. History/Context

Black market medication refers to all the medicines that are sold illegally. They may be prescription drugs (ones formulated by a doctor) or medicines that have an unknown provenance (it is not clear where they were made or what they actually contain). They may be bought due to their affordability or because the patient cannot get hold of the necessary prescription. A prescribed drug is a pharmaceutical medicine which is legally

pre-formulated to patients, in order to treat illnesses and chronic diseases. Moreover, they are typically sold on the black market from illicit origins. However, sometimes they are sold by doctors or patients who have an excess supply in order to help those who cannot get hold of it.

The black market offers low-cost medication to a community in need, which can help them rehabilitate and complete their treatments, especially those who suffer from chronic diseases, such as diabetes, anxiety,



and addiction. Often people can find the same or similar prescribed medications on the black market much cheaper, which means they can finally afford to buy them.

The prices of some common medicines like insulin (diabetes), diazepam (anxiety), and zolpidem (insomnia), are very expensive and so are not accessible to everyone who needs them. As a consequence, our world has become a place where not everyone can afford medicines in a legal way. Therefore, they have no other choice than to turn to black-market medication, where the reliability of these treatments is unknown, putting their health in danger.

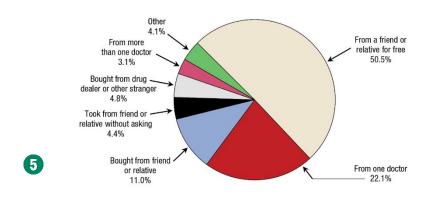
However, the biggest problem with regard to the black market, is the fact that there is no entity regulating the origin of these pills or checking the supply chain. This means that anyone buying these medicines could cause themselves long-term physical or mental damage, when they believe they are saving their lives or taking care of their health. It is a risk to acquire these products, since many of them are pharmaceutical copies with questionable components that can cause severe damage to the person's health. Added to that, they may not even work, leading to premature death from treatable health problems.



Although nations have attempted to control this problem through legislation and regulations that diminish the impact, they have not managed to find definitive solutions that will protect people. Currently, the black market is thought to account for more than 10% of the world's supply (Moore, 2016). In the USA, more than 1,400 adverse events tied to counterfeit medications were reported to the FDA (Food and Drug Administration). This means that patients do not recover as they expected, or they develop negative side effects due to the unknown origin of the ingredients.

Moreover, patients who suffer from psychological illnesses, such as depression or anxiety, can become addicted to the medicine since they are the ones managing their doses. If these people aren't careful, they might end up becoming extremely chemical-dependent, where their main worry becomes accessing their drugs in a cheaper and easier way.

As we can see, this graph demonstrates how most of the black market medication is not obtained from drug dealers or strangers (4.8%). Instead, it is highly acquired from people we trust, such as friends and doctors. It shows how easily it is to get pain killers, for example, and then misuse it.



For this topic, the committee is expected to address prescription medicines being sold via the internet illegally, plus, any type of medicine with no control in their ingredients.

ii.Current Situation

Nowadays, pharmaceutical crime (black market medication), has become more widespread due to the high demand for medications, and the ease with which these can be sold over the internet. Weak legislation also means that those who develop or distribute it are unlikely to be prosecuted. Furthermore, this crisis has become an international problem, due to the ease with which medication is sold globally over the internet and through social media.

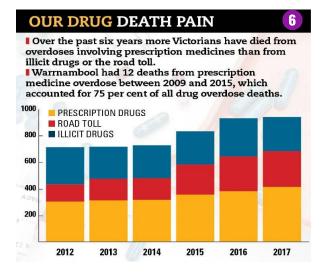
The drugs that are most purchased on the black-market can be divided into three main groups: opioids; central nervous system (CNS) depressants; and stimulants.

Opioids: used to relieve pain, coughs, or diarrheal by attaching to the opioid receptors in the brain and spinal cord, stopping it from receiving pain messages. Examples are oxycodone (OxyContin), hydrocodone (Vicodin), and meperidine (Demerol).

CNS depressants: used for treating common conditions like anxiety, panic attacks, tension, and sleep disorders. Examples are phenobarbital (Luminal), diazepam (Valium), and alprazolam (Xanax). Their function is to slow down the brain activity while increasing the activity of the neurotransmitter GABA, creating a calming effect.

Stimulants: used as treatments for narcolepsy and attention deficit hyperactivity disorder (ADHD). Examples are methylphenidate (Ritalin) and amphetamine/dextroamphetamine (Adderall) They work by increasing brain activity to maintain the person alert with more attention and energy.

All of these medications are being offered on the illicit market with no control, enabling people to obtain products of poor quality to treat their condition due to their affordability. (See below "How prescribed medications can cause more death than common drugs".)



However. when buying these prescription drugs, the patient can develop abusive dose behaviours or suffer the side effects of indeterminate components on their physical health. Using prescription drugs in wrong doses can lead, in the case of opioid abuse, to a decrease in the cognitive and respiratory function, mood changes, vomiting, and even death. If CNS depressants are mixed with other medicines, the person's heartbeat and breathing can slow down excessively,

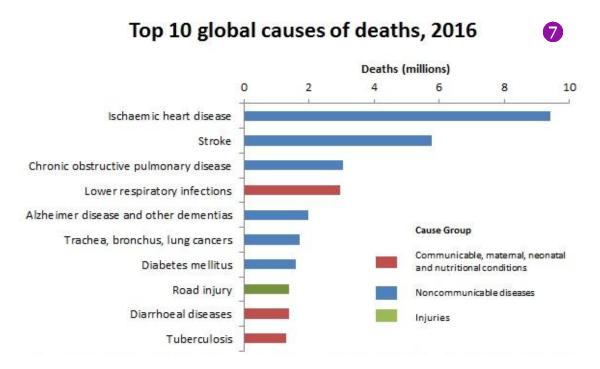
causing the body to stop working. Stimulant abuse can cause failure or seizures of the heart, paranoia, and irregular heartbeats. Easy access to prescription medicine on the black market can cause people to become addicted even though they might improve their condition in the short term.

Besides, the side effects a patient might get with chronic diseases could never be cured or controlled. Therefore, the treatment would never be completed since the patient needs to deal with the undetermined and false components on the pills or the aftereffects they can bring. Likewise, it might aggravate some conditions and make the symptoms present more frequently or worsen. For example, in the case of a person with diabetes type 1, they have the need for daily injections of insulin to control the blood glucose levels; if they are not treated properly, they could die. Consequently, people



with similar conditions are compelled to find a way to continue their treatment, as it is a matter of survival. The easiest solution is to buy the medicine on the black market, as it is low-cost.

As we can observe in the graph, only one of the top ten causes of deaths worldwide is not a chronic disease (road injuries). Subsequently, the demand for these medications is only increasing, as the population increases likewise. What would anyone do, if it's a loved one who suffers from a chronic disease; would the black market be a path to follow? It shouldn't be, but in today's reality it is an everyday outcome.



If the insulin they purchase in the illegal market is not reliable or certified, it could be just a mix of chemicals, that would not help the person improve and get better, but would actually worsen the situation, since it exposes the patient to ingredients that may harm their body. As more than 50% of all deaths worldwide are due to chronic diseases, this shows that there is a large market for life-saving medicines.

If the black market were to disappear, then all the civilians who depend on the sale of prescribed drugs on the black market would be in mortal danger. Similarly, people who live in developing countries often cannot afford the high prices charged by pharmaceutical companies for these medicines.

This is why one developing country, India, circumvented the international patent law. This is a treaty to protect the invention of a medicine, where no other company can produce it as well, unless they have certified permission. The government of India created its own black market, by saying that a medicine can be copied if it is manufactured differently, in order for everyone to have access to it. This permits the medications to be of high-quality at a fraction of the cost, compared with similar



medication in the USA or Europe. For instance, worldwide a common and useful medicine like morphine (analgesic) is offered in pharmacies for approximately \$20 dollars/15 mg, whilst, on the black market this same 15 mg can be bought at \$7.80 dollars, showing a price difference of \$12.20 dollars. Nevertheless, this method is criticized by the World Trade Organization and various multinational pharmaceutical firms since the quality of the copied medicines can vary and may often be inadequate.

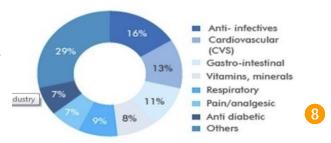
This occurs, as a result of the low pharmaceutical offer compared to the high demand, especially in the current pandemic, where thousands are dying due to tardiness of prescriptions and insufficient treatment. When life is on a thread, the most important factor is time.

In India, the invigilation system that assures medication safety is not as effective as in more developed countries, such as the United States and the United Kingdom. This means that some non-certified or tested drugs are available for sale in the nation. However, the pharmaceutical industry in India has been growing exponentially, at 12-14% per annum, and the country has now become the global pharmacy of generic drugs (exact copies of the original), where medicine is affordable and mostly of great quality. (Sanders, 2019). Moreover, India's black market has gained a reputation of not being dangerous, even though it may be. Traffickers have used this to their advantage to sell even more medications which may not be controlled by any safety regulations. Therefore, they sell drugs which are not certified, and some may even be clearly harmful, but as they come from India they seem safe, so buyers buy them without hesitation.

The diagram expresses how the highest-selling drugs in India's pharmaceutical market are those which target the regulation of specific conditions.

Indian pharmaceutical market segments by value

Anti-infective drugs command the largest share (16 per cent) in the Indian pharma market.



In simple terms, developing countries with deficits in their health systems are more likely to permit their population to access medicine from illicit origins, since the country can't provide for the well-being of every citizen. In particular, Latin American countries such as Colombia, Mexico, Venezuela, Cuba and Haiti lead the continent in illegitimate medicine acquisitions for the last decade. Additionally, Africa is reported to be the epicentre of the illicit pharmaceutical market, with Sub Saharan African states leading the race, for example, Cameroon, Nigeria, Ghana, Central African Republic and Uganda.



On the other hand, developed nations are more rigid in the prohibition of black-market medication, as commonly most citizens do not suffer from scarcity to fulfil their needs. Several European countries, along with the USA, signed an alliance to reduce black market acquisitions, called "Operation MisMed". Specifically, the European nations involved in this alliance were France, Belgium, Germany, Italy, Greece, Portugal, Spain, and the UK. This international operation started in the fall of 2019, and up to the day, over 400 unlicensed medicine traffickers have been caught. These traffickers sell unauthorised copies of medicines to any buyer, including children, who buy the fake medicines as a substitute for recreational drugs.

In conclusion, leaders need to find an adequate resolution, which permits a balance between tackling the problem of black-market medications to avoid health repercussions, and having a health system that can provide people with the medicines that they need at a reasonable cost. A detailed plan in how this would be achieved should be addressed. In the meantime, temporary solutions similar to the implementation of an entity that verifies the reliability of the medications, indeed, as it is the Medicines and Healthcare Products Regulatory Agency, (MHRA) in the UK, that assures the quality, safety, and efficacy of the medicine. Additional strategies should be enforced to identify counterfeit medicine. A successful milestone was the law President Obama signed in 2017, where the government required a serial number on the prescription drugs packaging in order to track the manufacturer and connect it with the ones who made it. As a result, nations must search for harmony between the priority of health in all forms, and its accessibility/affordability from everyone.

iii. Key points of the debate

- Main reasons why people turn to black-market medication
- Major population groups affected by this crisis
- Realistic and viable solutions to regulate the black market
- Knowledge of some countries regarding the purchase of medication on the black market and their negligence towards it
- The dilemma of prioritizing health over medicine accessibility through legal regulations
- The absence of an entity that regulates and legitimates the supply chain of medicines

iv. Participating Organisms

United Nations Office on Drugs and Crimes (UNODC)



- Pan American Health Organization (PAHO)
- Centres for Disease Controls and Prevents (CDCP)
- Infectious Diseases Society of America (IDSA)
- National Centre for Biotechnology Information (NCBI)
- World Trade Organization (WTO)

v. Guiding Questions

- 1. Has your country faced issues regarding black market medication? What sort of medicines are sold on the black market in your country, and what are the reasons for this?
- 2. What measures has your country taken in order to control or eradicate the presence of black-market medications?
- **3.** What measures has your country taken against traffickers of illegal prescription medicines and copies?
- 4. What kind of aid can be given by the nation to citizens who require medication throughout their whole lives (chronic diseases) in order to prevent them from using the black market? Is India's solution of creating a "government black market" a good idea?
- 5. What measures need to be taken to ensure that all citizens in the world have access to legal medicines, acknowledging the price of the original medicines and the disparity in the condition of each country's health system and economy?

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4. Topic 2: Measures to strengthen global pandemic response systems (COVID-19)

i. History/Context

According to WHO, "A pandemic is the worldwide spread of a new disease". The coronavirus pandemic, as we all know, is the crisis the world is currently suffering due to an inefficient response system and unprepared measures to combat a pandemic. It has caused the world economy to collapse, raised political tensions between nations, and, most importantly, it has put thousands of lives at risk. The rapid proliferation of this disease was caused not just by the action of one country, but by that of every nation on the planet. It shows us how humanity does not have the necessary response systems to combat any future global pandemics like COVID 19.

Pandemics have been part of human history ever since people started domesticating animals and living together in large numbers. Pandemics are caused by bacteria or viruses spreading quickly through a population. The bubonic plague or "black death" of the Middle Ages was caused by infected rats arriving on ships from Asia. Many pandemics are caused by bacteria or viruses transferring from animals to humans. These may be domestic animals, such as pigs, or wild ones like bats. The Spanish Flu of 1918 was thought to have started in the States and then spread to Europe during the First World War with American soldiers. To find out more about this pandemic and the methods that governments used to stop its spread, click here.

Global pandemics have been increasing during the last few decades due to migration, urbanization, changes in the use of land, and greater exploitation of natural resources. In today's world, international communication and travel means that bacteria and viruses can spread rapidly all around the world. In the last few decades the world has had to deal with SARS, Ebola, and now Covid-19, which has had significant effects on most countries.

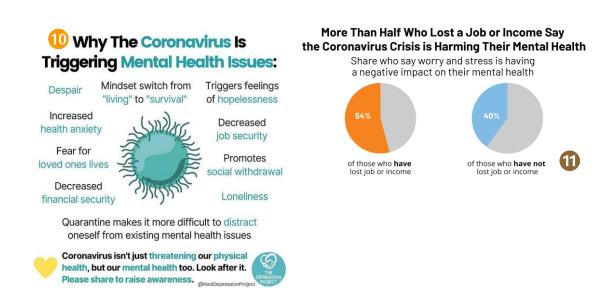
In 2005 the severe acute respiratory syndrome also known as SARS was the first pandemic of the century, which affected people in different parts of the world for 3



years. In 2009 Swine flu brought the H1N1 virus, and in 2014 parts of Africa were affected by the Ebola virus. Despite emerging technologies, medical procedures, and discoveries of the previous decade, these viruses caused widespread suffering and were difficult to control.

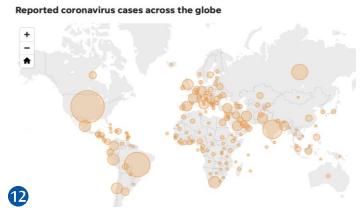
ii. Current Situation

The current Covid-19 pandemic has had major effects on the global population, affecting not only their physical health, but also their mental well-being due to the measures that have been taken to combat the problem. Months of quarantine and strict rules about how people may behave have affected the global economy and caused people to question their governments' right to treat them in this way.



Different countries have used different strategies to tackle the problem, from months of strict lockdown in some countries, to no lockdown and very few measures to stop the spread of the virus in others. The economic standpoint is an influencing factor for each country's response system measures. WHO's priority is to safeguard people's health, but the economic effects of prolonged lockdown is recognised as putting severe strain on people's health.

The biggest problem with Covid-19 is that it is extremely contagious, making it difficult



to stop the spread of the virus. Many people are asymptomatic, meaning that they show no symptoms, and can easily spread the virus to others who are more vulnerable.

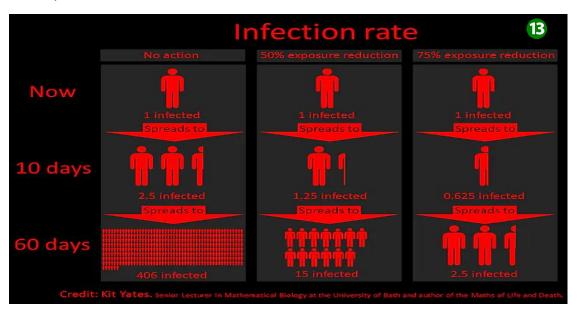
Some nations such as New Zealand, Japan, South Korea, and Germany had more success in slowing down the spread of the virus. This was thanks to

their rapid actions of social distancing and treatment. In other countries, such as the



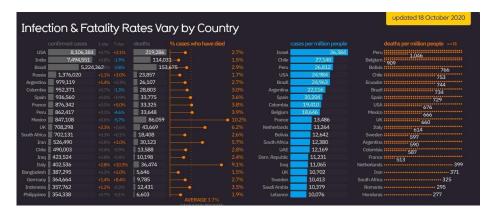
USA, non-rigid measures were taken concerning social distancing and quarantine, leading to a rapid spread of the virus and many deaths. In many countries, especially developing countries, families with low monetary resources or with low paid jobs where earnings are made on a day-to-day basis, were particularly affected due to the absolute cessation of these economic sectors.

During our time in the commission, it is important to analyse the actions and decisions made by different governments to manage the pandemic. Delegates should also consider the effectiveness of the global response system. In this way, they should be able to suggest the improvements required for the world to be better prepared for any future pandemics.



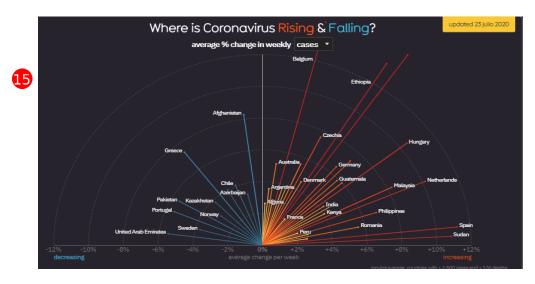
In the infection rate graph, it can be seen how social distancing measures generate an important change in the numbers of infected people. With no action at all, 1 infected person can infect over 400 people in just 2 months. However, one infected person who reduces their social exposure around 50%, would only affect an average of 15 individuals. An infected person who reduces their exposure by 75% would only infect around 2.5 people, which is 160 times less people possibly infected when social distancing methods are taken.







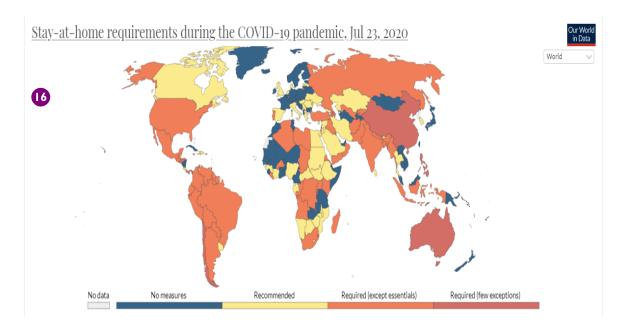
A pandemic can be fought in three ways: firstly, by quarantining people until the cure for the virus is found; secondly, by exterminating anyone who gets infected to avoid its spreading; and thirdly, by using the herd immunization strategy. (click here to learn about: Herd Immunity). This refers to a population which becomes immune to a disease, whether it is due to a large percentage receiving a vaccine, or by many people being exposed to the virus for enough time for their bodies to develop antibodies (proteins that fight against microorganisms). Over time, the propagation rate of the virus decreases as the percentage of people immune to this virus increases, leading the population to reach herd immunity.



Most countries have opted for the first method, although a few decided to use some minimum social distancing in order to achieve herd immunity, like Sweden, and it is alleged that North Korea has used the second method to stop the virus entering the country. Consequently, the establishment of new and proficient measures must be assured, in order for humanity to cope with any pandemics that may come in the future more efficiently. Some of the strategies that can be implemented to fight a pandemic are reinforcing individual healthcare, using infrastructures with technology and implementing new ways to deliver care (In WHO words). Moreover, it is highly recommended to enter this webpage for all current COVID-19 data and facts.

Every nation is unique, which means that not every protocol or solution could be applied worldwide. However, there are three key factors to strengthen pandemic response systems in the future. Firstly, significant changes must be applied to the <u>International Health Regulation (IHR)</u>, the universal book of international laws concerning health issues to assure that all laws are followed by every country. Secondly, WHO guidelines to confront a pandemic should be followed without fail; with COVID-19, although 74% of nations were prepared to tackle and diminish the spread of the virus, the strategy failed because of the remaining countries who did not. Finally, a profound analysis is needed to improve the implementation of public-health services, to develop research for vaccines, to strengthen health-care delivery systems, and to support economic

development in developing countries. Visit <u>WHOreport</u>, pg. 17, to read more about these recommendations.

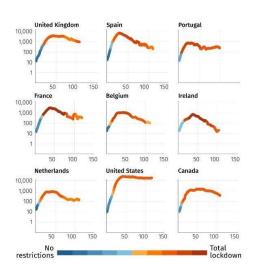


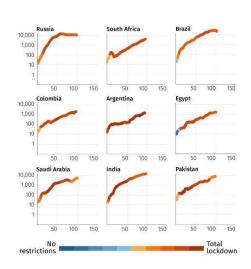
When discussing future recommendations, it is important to understand the different measures that countries took to tackle the problem of COVID-19. The first scenario is the argument of **economy over health**, supported by countries shown in picture "A", who applied the response measures late, as the priority was to protect the economy.

Secondly, some governments had limited closures and social distancing, opting for alternative solutions such as **herd immunity**, shown in picture "B". Lastly, other countries did order the social distancing protocols, and tried to fulfil the measures, yet, the government **failed to enforce** the regulations properly, shown in picture "C". On the other hand, we have the **quick and efficient** responders to the Coronavirus, shown in pictures "D" and "E". These nations are the ones the world should take as an example for the next time a virus comes around.

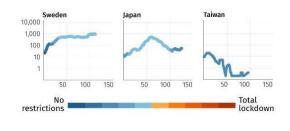
Regardless of the progress accomplished by the international community, there are still significant gaps in its response systems to pandemics that need to be filled, in order to guarantee the safety and health of every citizen, especially to those who are already sick. As well as improving the response systems, it is also important to look for strategies to reduce the occurrence of pandemics in the first place, since many of them are caused by poor living conditions and lack of education in basic hygiene.

A C





B D



10,000 1,000 100 10 10 50 100 150 50 100 150 50 100 150

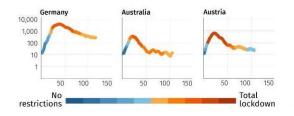
The quick responders

10,000 1,000

10,000

1,000

Ε



10 1 50 100 150 50 100 150 50 100 150 No restrictions Total lockdown

100

150

iii. Key points of the debate

- International response to the coronavirus pandemic
- Health repercussions of the coronavirus pandemic
- Methods to strengthen global pandemic response systems, like social distancing
- Solutions different from social distancing measures, and its effectiveness
- Challenges limiting effective progress to treat and cure worldwide diseases
- Every country's unique capability to prepare and confront a pandemic

iv. Participating Organisms

- World Bank (WB)
- International Health Regulations (IHR)
- Centres for Disease Controls and Prevents (CDCP)
- Pan American Health Organization (PAHO)
- Global Outbreak Alert and Response Network (GOARN)
- European Centre for Disease Prevention and Control (ECDPC)

v. Guiding Questions

- 1. What has your country's response to the COVID-19 pandemic or any other past pandemics been?
- 2. Which strategies are most and least effective in stopping the spread of pandemics?
- **3.** How can a better pandemic response system be implemented in developing nations which lack the necessary resources to combat new diseases?
- **4.** What needs to be done to stop the rapid worldwide spread of infectious diseases in the future?
- 5. Considering that the entire world is connected, influencing the way each nation acts, how can a more efficient global response system be implemented?



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