

Hilton 2020

World Health Organization

Committee Overview

The purpose of the World Health Organization will be to solve the most pressing global health issues by applying research, knowledge, and collaboration between other delegates to come up with long-term solutions.

The World Health Organization will be run Harvard Style, which means that resolutions should not be written until the start of the committee. Delegates possessing pre-written resolutions will not be considered for an award. Although it is strongly advised to re-search all four topics to make the committee productive, every delegate must at least write one position paper to be considered for an award. Position papers must be emailed to the chairs two days prior to the start of committee. Delegates are recommended to have an understanding of how each health problem impacts their nation and the world while focusing on long term solutions.

Committee Description

Preventing future waves of COVID-19 in nursing homes

Mental Health in Afghanistan

Access to Radiology Technology in Developing Countries

Controlling the Spread of Arboviral Diseases in Southeast Asia

Chairs

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Hello delegates, my name is Vishnu Pendri. I have been doing MUN for three years now, and this is my second time chairing. I am a senior at Pittsford Mendon High School where I participate in indoor and outdoor track, Science Olympiad, and masterminds. I'm ready for a great conference! Feel free to email if you have any questions.

My name is Savannah Bornheim. This is my first time chairing, but my sixth conference. I'm a junior at Pittsford Sutherland High School where I am also on the tennis team, masterminds team, math team, and a member of the Latin club. Outside of school I love Irish dancing and playing soccer. I am so excited to meet all of you and feel free to contact me via email with any questions.

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Preventing Future Waves of COVID-19 in Nursing Homes



Beginning in late 2019, COVID-19 has proven to be a rapidly spreading, dangerous virus that has infected nearly 16.3 million worldwide and resulting in over 650,000 deaths. Although many new developments have been made since the start of the pandemic the risk to the elderly has been known since the start. One of the major reasons for this is the fact that many have underlying conditions, which are associated with a higher risk of getting fatally ill.

In the U.S. alone, 42% (59,000) of all deaths come from nursing homes while only making up 8% of the cases, displaying the vulnerability of the elderly to COVID-19. The fact that the mortality rate of the elderly makes up for nearly half of all fatalities shows the severity of the situation. As a result, actions must be taken in order to better handle the current wave of COVID.19 but to also prepare for any future waves that could occur in the future.

Currently, nursing homes are trying to implement several techniques to slow down infection rates. Firstly, individuals with knowledge on how to control the infection are being trained for worst-case scenarios involving rapid transmission and widespread infection. Additionally, visitor restrictions are being applied to limit the interaction from people outside the nursing home with those inside and to not bring infections in. Finally, they have been implementing testing plans for routine testing and making sure COVID.19 is identified as soon as possible to prevent spread. However, as the pandemic continues, many people are becoming less strict with their precautions, putting many more people at risk. While these may work for now with the infection rates staying steady in the U. S. more precautions must be taken to protect the elderly in nursing homes from future waves of COVID.19 that will inevitably hit.

How would solutions in nursing homes differ than in other situations? Would these solutions work long term? Can the solutions adapt to changes in COVID research? What can WHO do to provide guidance to all countries?

Sources:

<https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

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Mental Health in Afghanistan



Afghanistan has been a region of continuous conflict for decades. As a result, thousands are killed annually and millions have been displaced by the fighting. The ramifications of this fighting extend far beyond the death tolls and ruined buildings, the people of Afghanistan are facing a growing mental health crisis that is affecting over half the population.

WHO estimates that over 1 million Afghans suffer from a depressive disorder and over 1.2 million suffer from anxiety disorders, although it is believed that these numbers are actually much higher. In a poll released by

Gallup, 85% of respondents said they were “suffering,” and none said they were “thriving.” Despite the rampant mental health issues across the country, the government is only spending \$0.26 per capita on mental health, one-twelfth of what the World Health Organization suggests low-income countries to be spending.

Afghanistan has only one high-security psychiatric hospital, housing around 300 patients, but due to the lack of outpatient resources, many are stuck in the psychiatric hospital despite having received sufficient treatment. Over the years, the government had been training counselors on basic mental health counseling. However, only around 10% of the population is using these services, and many don’t even know these exist. Another barrier is the cultural stigma around mental illness, people who try to use the services provided can be abused through forced, unnecessary hospitalizations and treatments.

With ongoing conflict and turmoil, the government puts more focus on maintaining its power and most international aid is focused on physical health, providing food, funding infrastructure, and aiding refugees. This leaves the mental health of the people greatly ignored, causing the mental health crisis to escalate quickly, producing new generations of Afghans suffering under the weight of war, depression, stress and PTSD.

How can WHO spread information about services to the Afghan people? What can be done to ensure the safety of mental health workers and victims seeking help? How can awareness be brought to the growing mental health crisis? What can the UN do without infringing on Afghanistan’s national sovereignty?

Sources:

<https://www.hrw.org/news/2019/10/07/afghanistans-silent-mental-health-crisis#:~:text=Afghanistan%20has%20been%20devastated%20by,of%20their%20relatives%20and%20friends.>

<https://www.npr.org/2018/02/14/585494599/afghanistans-lone-psychiatric-hospital-reveals-mental-health-crisis-fueled-by-wa>

<https://foreignpolicy.com/2019/09/27/endless-conflict-in-afghanistan-is-driving-a-mental-health-crisis/>

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Access to Radiology Technology in Developing Countries



Radiology and imaging technology is a key component of modern medicine used to diagnose injuries and diseases as well as monitor pregnancies. WHO estimates that two-thirds of the world does not have access to basic technology. In the U.S. there are plenty of radiologists and machines, whereas Liberia only has two radiologists in the entire country.

Although this issue has been addressed before, the aid provided had been lacking, leaving this divide as large as ever. Old machines are often donated to countries but aren't always fully functional. Even if the machine works, many hospitals don't have a constant supply of sufficient electricity. Another obstacle is the lack of professionals who can install and operate the machinery. Many countries receive donated machines, but they sit in their boxes, unused, because the hospitals and facilities don't have the support necessary to use them.

Even with donations, the number of hospitals that have functioning equipment is quite limited. This leaves many rural areas sometimes days away from the nearest operating equipment, meaning the wait for imaging such as CT scans can be fatal. In many cases, access to care is only granted to those who can pay out of pocket, since fewer people have health insurance. This means that many families in developing countries can't afford radiology services even if they are available to them.

What can be done to increase the knowledge of operation of radiology technology in Africa? How can WHO ensure that access to functioning radiology is maintained? What steps can be taken to provide access in more rural areas? How can this technology be affordable for everyone?

Sources:

<https://www.theatlantic.com/health/archive/2016/09/radiology-gap/501803/>

<http://www.rinckside.org/Rinckside%20Columns/1996%2004%20Helping%20means%20more%20than%20a%20handout%20Radiology%20in%20developing%20countries.htm>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3424787/>

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Controlling the Spread of Arboviral Diseases in Southeast Asia



Arboviral diseases are diseases spread by the bites of mosquitoes or ticks. This category of diseases contains a wide variety including Dengue, West Nile, Chikungunya, and Zika. In Southeast Asia alone there have been more than 500,000 cases involving arboviral infections in the past year as a result of rapid industrialization and change to the region.

With the changes in the local ecosystems in the affected regions in the past couple of years, the disease patterns are shifting and as a result, the way the diseases are spreading is changing as well. Climate change is changing the movement patterns of mosquitoes and other insects who transmit these diseases and so the infection patterns have begun to shift. Additionally, diseases are spreading to regions they haven't appeared in before. The economic states of these countries mean that they cannot fight the spread as efficiently as possible, making the effects of the shifting patterns much worse. Diagnosis for these diseases is also harder without the right training as these diseases often share similar and a wide range of symptoms. Therefore, new approaches must be taken in order to counter the spread.

Typically transmitted by mosquitoes, these diseases can be prevented by targeting them, but with the new shifts in infection patterns predicting where mosquitos may go could be a problem. To combat this, new methods must be found that can deal with the issues once they arise and make sure that both those who are infected can be swiftly treated as well as preventing those who are in regions at risk and making them aware of the dangers of Arboviral diseases. Without the proper communication infected patients can spread the disease inadvertently via blood donations as well.

How do solutions differ in Southeast Asia compared to the rest of the world? Can the solutions be efficiently implemented long term? Will solutions account for future changes in infection patterns?

Sources:

<https://pubmed.ncbi.nlm.nih.gov/19725383/>

<https://europepmc.org/article/med/23995308>

<https://www.e-epih.org/m/journal/view.php?number=849>