



BratMUN 2019 Study Guide

World Health Organization

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FOREWORD FROM THE CHAIRS

Dear delegates,

It is our pleasure to welcome you to BratMUN 2019! Our names are Laura Grobárová and Emma Štullerová, and we will be the chairs of the World Health Organization committee this year. The topic we have chosen is a very serious issue worldwide and needs to be addressed more. Therefore we are glad that you have chosen to participate in this committee and hope you will come up with some interesting resolutions.

Both of us participated as underchairs on the BratMUN conference last year where we gained some experience, and therefore hope to be as helpful as possible. We also hope that our committee sessions will encourage a lot of debates and interesting ideas as well as solutions.

We tried to put together some key information into this study guide, but please note that this does not include all the necessary information for you to be fully prepared for our sessions. Personal research is required and will definitely benefit you throughout the conference.

Hopefully, this experience will be beneficial for you in terms of gaining new knowledge and personal development. However, we also hope you will take positive memories from this experience as well as new friendships.

We are looking forward to undergoing this experience together with you! Good luck!

Best Regards,

Laura Grobárová and Emma Štullerová

Chairpersons of the WHO committee

ABOUT THE COMMITTEE

The World Health Organization (WHO) is the body of the United Nations (UN) responsible for directing and coordinating health and its essential role is the global governance of health and disease. Its core global functions include establishing, monitoring and enforcing international norms and standards, and coordinating multiple actors toward common goals. In order to effectively implement all WHO's core functions, WHO leadership is required to act effectively by the global health governance, and ensure better effectiveness of all health actors.

Functions and powers

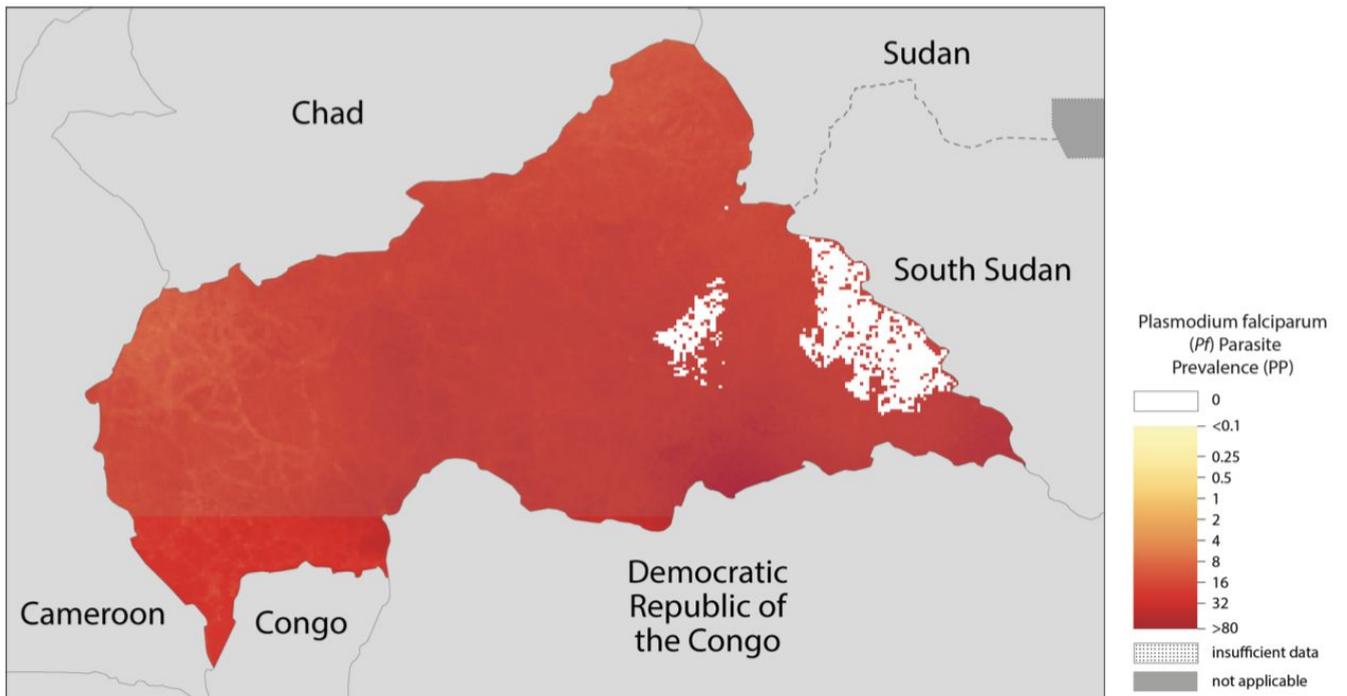
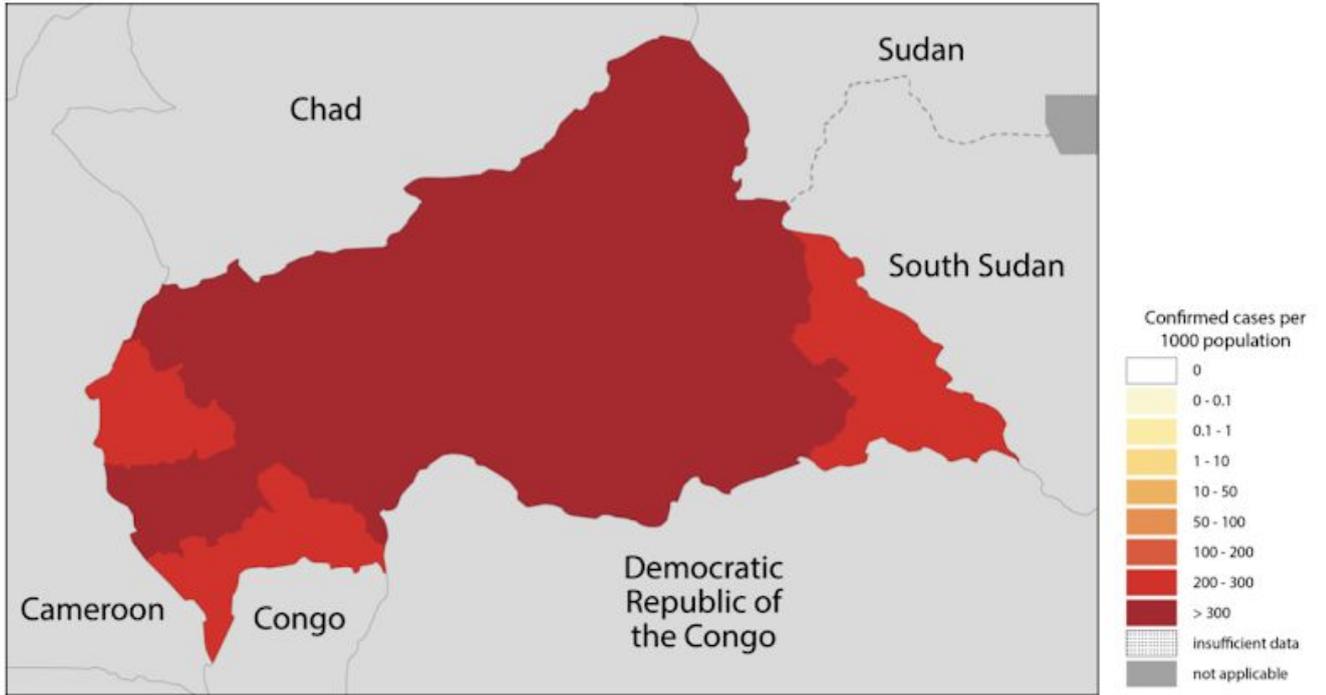
- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Setting norms and standards and promoting and monitoring their implementation
- Articulating ethical and evidence-based policy options
- Providing technical support, catalysing change, and building sustainable institutional capacity
- Monitoring the health situation and addressing health trends.

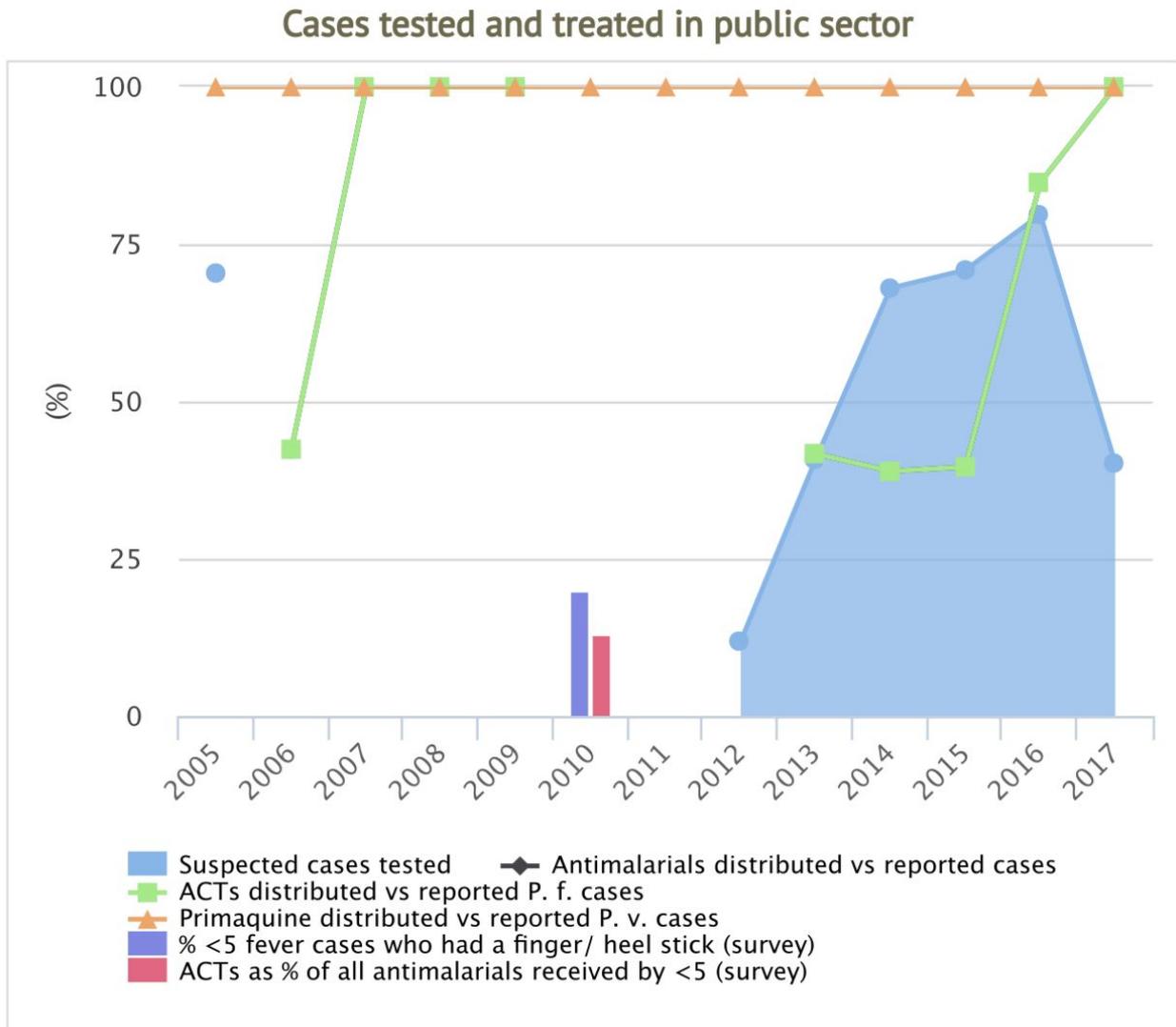
INTRODUCTION TO THE TOPIC

Strengthening Global Resilience against Malaria in Central Africa

For centuries, the world has been subjected to epidemics and outbreaks with often devastating consequences. In 1918, a pandemic of H1N1 influenza killed an estimated 50 million people. Today, a number of other communicable diseases continue to claim millions of lives. Recent outbreaks of malaria have shown that even sophisticated health systems in developed countries can be challenged by the appearance of new or emerging pathogens. Nearly half of the world's population is at risk of malaria. In Central Africa, young children and pregnant women are particularly vulnerable to malaria infection and death. In fact, malaria is the leading cause of death in Central Africa. Since 2000, expanded access to WHO-recommended malaria prevention tools and strategies – including effective vector control and the use of preventive antimalarial drugs – has had a major impact in reducing the global burden of this disease.

Malaria surveillance is the continuous and systematic collection, analysis and interpretation of malaria-related data, and the use of that data in the planning, implementation and evaluation of public health practice. Improved surveillance of malaria cases and deaths helps ministries of health determine which areas or population groups are most affected and enables countries to monitor changing disease patterns. Strong malaria surveillance systems also help countries design effective health interventions and evaluate the impact of their malaria control programmes. WHO of BratMUN 2019 will aspire to make progress on this complex issue and strive to improve the lives of people living in Central Africa.





KEY ACTORS

United States of America

The U.S. government (U.S.) has been involved in global malaria activities since the 1950s and, today, is the largest donor government to global malaria efforts. It is also the largest donor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), which in turn is the largest overall funder of malaria efforts in the world. The United States of America is strongly in favor of resolving this issue by providing financial help needed.

Republic of South Africa

South Africa is well-positioned to move beyond malaria and progress towards elimination. However, in addition to its existing interventions, the country will need to sustain its financing for malaria control and support programmed reorientation towards elimination. Moreover, cross-border malaria collaboration needs to be sustained and scaled up to prevent the reintroduction of malaria into the country. The Republic of South Africa will support this issue as long as the costs do not exceed the country's budget for this issue.

China

China will aid the control and elimination of malaria in other endemic countries, under a condition in which the achievement of malaria elimination in China will be established. If this condition will not be satisfied, China will be opposed to resolving this issue.

Kenya

The country in Central Africa affected the most by malaria is strongly in favor of resolving this issue but lacks resources. If donated financial support, the country would place the biggest focus on establishing good healthcare in the country.

Japan

In 2018, Japan was one of the top 10 donors to WHO's Health Emergencies Programme, with contributions totalling more than US\$ 37 million. The country plans on contributing to this issue by providing available resources.

A BRIEF HISTORY

Malaria is endemic in Central Africa. A large number of inhabitants is affected each year. It is a primary public health problem and also the leading cause of children's deaths.

Although malaria always was and also currently is a huge problem, there were some major historical drops. The biggest ones followed WWII because of the discovery of DDT and chloroquine. Later in 2005, another major drop occurred thanks to the rolling out of insecticide-treated bed nets. New drugs and medications were also discovered and improved to lower disease rates.

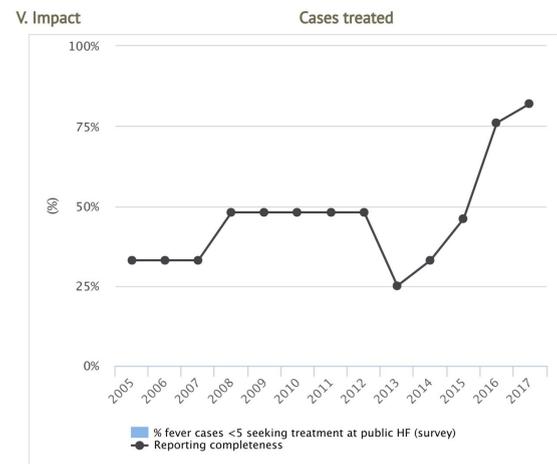
Through the late 1960s until the early 1980s malaria prevalence was low because chloroquine use was very widespread and available to the public. In addition, drought across the Sahel also helped to demolish malaria for a while.

After this break from malaria epidemics, a very persistent rainfall led to flooding in the 1990s and the malaria epidemic broke out again very significantly. It returned to the high levels seen before WWII.

It took around five more years for free insecticide-treated bed nets and malaria treatments to be provided by the international community. After 2005, WHO set new technical revisions to policy, which led to the largest drop of malaria prevalence since 1900.

Currently, the situation in the country has worsened because of the situation in the northern parts. Malaria is still the leading cause of illness with an increase of severe cases this year, mainly in Kabo and Batangafo region. It is currently the leading cause of death in patients admitted to hospitals.

The treatment in these parts is inadequate. The main steps should be taken in expanding access to diagnosis and treatment. This should be done by decentralizing care to primary health care facilities providing treatment using ACT (Artemisinin-based Combination Therapy). Rapid diagnostic tests at health centres would also help prevent the spreading of the disease.



Key Resolutions

The Regional Committee for Africa 44th Session

Following the technical discussions at the 44th session of the WHO Regional Committee for Africa on the Selection and Development of Health Technologies at the District level, the Regional Committee for Africa passed a resolution in September 1994 (AFR/RC44/R15) which urged Member States to develop comprehensive health technology policies. The Organization was requested to reinforce assistance to Member States in the development and implementation of health technology policies and plans, training and information support.

The Regional Committee for Africa 49th Session

In September 1999, the Regional Committee for Africa passed a resolution (AFR/RC49/R12) urging Member States to develop and implement comprehensive and consistent health technology policies and plans for the improvement of health care services, containment of costs and reduction of dependence.

World Health Assembly 58th Session

To address the more than one million preventable deaths caused by malaria each year, the Assembly adopted a resolution calling for stepped up efforts to fight the disease. It calls on WHO to intensify its collaboration with Member States to reach internationally agreed malaria control goals, including the possibility of WHO undertaking bulk purchases of insecticide-treated nets and antimalarial medicines.

Past Actions

WHO collaborates with a number of advisory bodies fighting for malaria resilience. The Malaria Policy Advisory Committee (MPAC) provides independent advice to WHO about malaria policy and elimination. The Vector Control Advisory Group (VCAG) serves providing advice on new tools and technologies resolving vector-borne diseases. Other than that, the Global Malaria Programme holds regular meetings providing evidence-based options for recommendations. It also coordinates WHO's global efforts to treat and eliminate malaria globally.

Since the year 2000, the WHO-recommended malaria prevention tools and strategies, have had a major impact in reducing the number of patients affected by the disease. One of the vital components is vector control, including two core interventions – insecticide-treated nets (ITNs) and indoor residual spraying (IRS). Other than that, WHO's guidelines also cover chemical and biological larvicides and personal protection measures such as tropical repellents.

Another group of WHO's guidelines are preventive chemotherapies. It is the use of medicine to prevent malaria infection and its consequences. Its components are chemoprophylaxis, intermittent preventive treatment of infants (IPTi) and pregnant women (IPTp), seasonal malaria chemoprevention (SMC) and mass drug administration (MDA). These were established to complement other ongoing preventions like vector control for example.

QUESTIONS TO CONSIDER

- What are the most effective ways that could be considered to strengthen the resilience against malaria?
- What would be the possible health impacts?
- How would the resilience be funded?
- Would it be possible to eliminate malaria totally in the long-term? How?
- How would non-affected countries split their resources to help resolve this issue?
- To what extent would your country be willing to participate in resolving this issue?
- What would your country expect in return?

RESOLUTION AIMS

The resolution(s) should seek to tackle the issue you'll be presented with within the framework of the goals and powers of the World Health Organisation, namely to safeguard a plan of preventing and eliminating malaria in Central Africa, involving financial and medical aid of the involved countries. This should be constrained by the national interests of the participant countries.

Nevertheless, decorum should remain constrained to a level appropriate and realistic for the World Health Organisation, though that is still subject to your best judgement.

FURTHER READING

<https://www.who.int/malaria/en/>

<https://msfaccess.org/malaria-one-leading-causes-death-central-african-republic>

<https://data.unicef.org/topic/child-health/malaria/>

<http://www.ox.ac.uk/news/science-blog/recording-history-malaria-africa>

<https://www.severemalaria.org/countries/central-african-republic>

https://www.who.int/malaria/publications/country-profiles/profile_caf_en.pdf?ua=1

SOURCES

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981564/>

<https://www.e-ir.info/2010/11/08/what-are-the-main-functions-of-the-world-health-organization/>

<http://www.ox.ac.uk/news/science-blog/recording-history-malaria-africa>

<https://msfaccess.org/malaria-one-leading-causes-death-central-african-republic>

<https://www.ncbi.nlm.nih.gov/pubmed/16827704>

https://www.who.int/malaria/publications/country-profiles/profile_caf_en.pdf?ua=1

<https://apps.who.int/iris/bitstream/handle/10665/312082/WHO-CDS-GMP-2019.03-eng.pdf?ua=1>

CLOSING REMARKS

This study guide should be helpful for you to get a general overview of the topic and of our committee. However, you should not consider it as your only study material. We encourage further research and brainstorming. The more information and ideas you will develop, the more helpful it will be at the actual conference and our committee sessions. It will also help us all make the best time possible on the whole conference :)

We will also need you to submit a position paper dealing with the actual topic, your country policy, some key actions, and possible resolutions, no later than the 25th of October 2019, to the committee email whobratmun2019@gmail.com.

We are really looking forward to meeting you all, and to addressing the issues, as well as coming up with interesting ideas during our committee sessions!

If you have any further questions, do not hesitate to contact us via our email.

Best regards and good luck!

Laura Grobárová and Emma Štullerová